DOCUMENT RESUME

ED 405 707 EC 305 427

AUTHOR Geffner, Richard, Ed.
TITLE Family Violence & Sexual Assault Bulletin, 1995.
INSTITUTION Family Violence & Sexual Assault Inst., Tyler, TX.
PUB DATE 95
NOTE 136p.
PUB TYPE Collected Works - Serials (022)
JOURNAL CIT Family Violence & Sexual Assault Bulletin; v11 n1-4 1995

EDRS PRICE MF01/PC06 Plus Postage.
DESCRIPTORS *Child Abuse; *Family Violence; Interdisciplinary Approach; *Intervention; Participant Satisfaction; Program Effectiveness; Resource Materials; *Sex Role; *Sexual Abuse
IDENTIFIERS *Testimony

ABSTRACT

This document consists of the two combined issues of this serial (FVSAB) published in 1995: n1-2 and n3-4. Number 1-2 begins with editorial comments regarding the development of standards to regulate the treatment of batterers and to regulate therapy in sexual abuse cases. The first article in this issue focuses on gender-based abuse and discusses the power dynamics that underlie the gender-role socialization at the root of much of this abuse. The second article describes a university-based workshop in interdisciplinary approaches to child abuse and neglect, and the third article presents an event-focused model for preparing children to testify in court. Number 3-4 begins with editorial comments on the need to develop and implement assessment-based intervention. The first article in this issue describes the findings of a 1991 survey examining client utilization of and satisfaction with services provided by child abuse counselors. The second article deals with evaluating child sex abuse allegations, and the third article discusses gains and process in state batterer programs and standards. Both issues contain reviews of books and media dealing with abuse and extensive classified guides to family violence and sexual abuse literature. (References accompany each article.) (CR)

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Family Violence & Sexual Assault Bulletin (FVSAB)

Volume 11
No. 1-2

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1995

EC 305 427

Published by the
Family Violence & Sexual Assault Institute, Tyler, TX

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TABLE OF CONTENTS

FVSAI Staff & Editorial Board 2
Editor's Comments 3
Family Violence & Sexual Assault Bulletin Book Club 4
Conference Calendar 6
Order Forms 9
Announcements 17
Book and Media Reviews 23

**** RESEARCH AND TREATMENT ISSUES ****

- **A Male-Female Abuse Continuum** by J. Connors, Ph.D., & M. Harway,Ph.D....29
- **A University-Based Workshop in Interdisciplinary Approaches to Child Abuse and Neglect** by B. A. Glaser,Ph.D., & R. D. Williams,Ph.D....34
- **An event-focused Model for Preparing Children to Testify in Court** by B. France, MSW....39

Networking 42
FVSAI Treatment Manuals & Bibliographies 48
FVSAI Clearinghouse Classifications 50

**** CLASSIFIED GUIDE to FAMILY VIOLENCE and SEXUAL ABUSE LITERATURE ****

Child Physical/Psychological Maltreatment References 51
Elder/Parent Maltreatment References 56
Child/Adult Sexual Maltreatment References 56
Spouse/Partner Physical/Psychological Maltreatment References 65

Resources....69

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Editor's Comments

STANDARDS IN THE FAMILY VIOLENCE FIELD

For several years I have been advocating the implementation of standards and guidelines in the evaluation and treatment of family violence cases. It is important to ensure that the professionals who are involved in these complex cases have appropriate training in diagnostic techniques, clinical procedures, and the dynamics of family violence. Many professional organizations have not adequately focused on these issues, and many advocacy groups have enumerated the potential dangers that can occur when untrained evaluator or treatment providers work with family violence victims or offenders.

In the last few years we have seen a resurgence in some advocacy groups taking the initiative in attempting to regulate intervention and evaluation in certain family violence situations. Unfortunately, in my opinion, some of these initiatives have not been well conceived. Two general examples seem most relevant. One concerns the standards developed by some states to regulate the treatment of batterers. The second concerns the proposed regulations of therapy in sexual abuse cases.

INTERVENTION WITH BATTERERS

Some states have either passed or are in the process of establishing standards for court-ordered or state funded intervention with those identified as batterers. The idea is good, and the intentions are generally well meaning. Unfortunately, it appears that the process may have been biased since objective standards based upon sound clinical and research data were not created. Instead, a political agenda allowed certain standards to be passed that are not flexible enough for an array of possibilities. For example, certain states have determined that particular types of treatment modalities must be used in the interventions and that others cannot be utilized, regardless of the situation.

Such standards do not have adequate data to support them. In fact, what we do know from research and clinical literature is that there may be several interventions that may be appropriate depending on the situation, the individuals, and the dynamics of the case.

What is vitally important is that a thorough assessment is conducted, that no intervention blames the victim, and that certain general therapeutic issues are included in the treatment (e.g., power and control issues, self-esteem, sex-role attitudes, conflict resolution, cognitive perceptions and beliefs, etc.). Presently, to the best of my knowledge, sufficient data do not exist to state that any particular approach is better than any other for all batterers, despite some claims.

Therefore, it is critical given this stage of our knowledge, that we develop standards that provide for adequate training and credentialing of those providing the interventions and that various issues/skills be addressed. It is unfortunate that many of the standards, while rigid concerning certain interventions, do not require that the intervention providers have sufficient clinical experience to deal adequately with the inter- and intrapersonal dynamics that occur in battering situations. In fact, many of the standards do not require any clinical training, license, or experience to treat batterers--just some experience in the domestic violence field with victims and offenders.

INTERVENTION FOR SEXUAL ABUSE

Some advocacy organizations have proposed additional regulations for therapists who work with clients who allege sexual abuse (either recent abuse for children, or past abuse in childhood for adults). These proposed regulations (sometimes entitled the *Consumer Mental Health Protection Act*) imply that therapists should doubt client statements about prior abuse if they arise during therapy, and then somehow begin a process to corroborate the memories. The proposal would actually eliminate appropriate therapeutic intervention as a result. Indeed, the American Psychological Association passed a resolution in February that stated that there are already sufficient regulations in place for informed consent and client protection, and that the role of therapists is helping clients to heal, not to investigate claims.

THE PROCESS

How did these situations evolve in the two examples? How did the committees/organizations get side-tracked? There appear to be two primary reasons why appropriate recommendations were not made. First is the emphasis on political agendas in arriving at conclusions, and second is the process itself. The latter appears to have been strongly influenced by what social psychologists term *groupthink*. When members of a group or committee have preconceived ideas, do not review all data and information, include only members with similar views, and do not allow for diversity of opinion in arriving at objective recommendations, *groupthink* can occur.

In the above examples, political agendas tended to be emphasized, research and clinical data were not emphasized, and diverse opinions were not solicited. It is important that we develop interdisciplinary coalitions of diversity to create objective standards and guidelines for the evaluation and treatment of victims and offenders.

Two examples of committees that seem not to have fallen prey to *groupthink* are the American Bar Association Committee on Children and the Law, and the American Psychological Association Task Force on Violence in the Family. Both included members with diverse views and reviewed information from numerous sources before arriving at recommendations. Neither appeared to begin with preset notions of the outcome, and both tended to minimize political agendas of members. Both also had outside reviewers to ensure objectivity.

RECOMMENDATIONS

It appears that those committees already in place to develop standards concerning family violence intervention or evaluation should make sure that clinicians, researchers and others with diverse experience in these areas are included. It seems that the professional organizations and advocacy groups need to build bridges instead of creating chasms for the development of interdisciplinary standards and guidelines. Toward this end members of advocacy and professional groups should be included. It seems absurd that regulations are being established by committees that exclude clinicians and researchers with diverse experiences.

Until next time,
Be Careful and Be Safe!
Bob Geffner, Ph.D.

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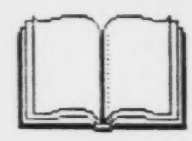

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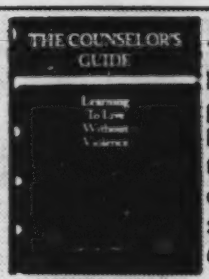

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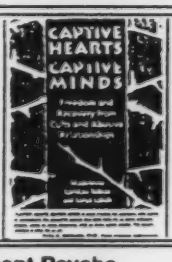

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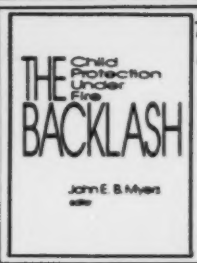

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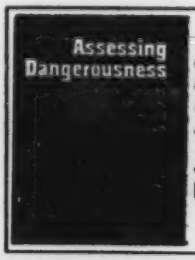

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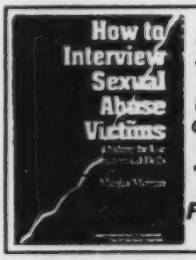

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Masters and Johnson 5-day Advanced Training Workshop on Trauma, Dissociative Disorders & Sexual Compulsivity
For additional information contact: Masters and Johnson Five Day Workshop, 1525 River Oaks Rd West, New Orleans, LA 70123, (800)598-2040, or Fax (504)733-7020.

August 10-12, 1995
Irving, TX
3rd Annual Christian Conference on MPD/SRA: Critical Issues in Dissociative Disorders and SRA Treatment
For additional information contact: Runaway Travel, Attn: MPD/SRA Conference, 300 E. Carpenter #150, Irving, TX 75062, (800) 284-0001, FAX (214)717-5569, contact person: Helen or Ray C.

August 11-15, 1995
New York, NY
103rd Convention of the American Psychological Association
For additional information contact: APA 1995 Convention, P.O. Box 630303, Baltimore, MD 21263-0303, (202)336-6020.

August 13-18, 1995
Maui, HI
21st Annual North American and International Victim Assistance Conference, " A World of Hope, An Island of Dreams"
For additional information contact: Christopher Greenslade, Conf. Coord., NOVA, 1757 Park Road, NW, Washington, DC 20010, (202)232-6682, or FAX (202)462-2255.

August 19-22, 1995
Washington, DC
IAEDP's 9th Annual International Eating Disorders Symposium
For additional information contact: IAEDP, 123 NW 13 St. #206, Boca Raton, FL 33432, (800)800-8126.

August 20-23, 1995
Charleston, SC
Building Caring Communities for Children: Child Welfare League of America Southern Region Training Conference
For additional information contact: CWLA, 440 First St, NW, Ste 310, Washington, DC 20001-2085, (202)638-2952.

September 14-16, 1995
Boston, MA
NACC 18th National Children's Law Conference: Children's Law, Policy & Practice
For additional information contact: National Assoc. of Counsel for Children, 1205 Oneida St., Denver, CO 80220, (303)322-2260.

September 18-22, 1995
Huntsville, AL
Comprehensive Child Sexual Abuse Intervention: Advance Training in the Multidisciplinary Approach-- Accountability and Resolution
For additional information contact: NRCCSA, 107 Lincoln St, Huntsville, AL 35801, (800)239-9938.

September 21-24, 1995
Atlanta, GA
Comprehensive Psychodynamic Psychotherapy of Adult Trauma Survivors: Principles of Empowerment and Ethical Standards of Practice
For additional information contact: Metropolitan Psychotherapy Associates (MPA), (404)321-4954, or Fax (404)321-1928.

September 22-24, 1995
Dallas, TX
5th International Conference on Sexual Assault and Harassment on Campus
For additional information contact: Sexual Assault Conference , P.O. Box 1338, Holmes Beach, FL 34218, (800) 537-4903, or fax (813)778-6818.

September 28-October 1, 1995
Austin, TX
The 6th National Conference on Abuse, Trauma, & Dissociation
For additional information contact: FVSAI, 1310 Clinic Dr, Tyler, TX 75701, (903)595-6600, or fax (903)595-6799. **(For Registration information see p. 20)**

September 30- October 2, 1995
New York City, NY
Understanding Aggressive Behavior in Children (NYAS)
For additional information contact: NYAS Conf. Dept, 2 East 63rd St, NY, NY 10021, (212)838-0230, ext 324, or Fax (212)838-5640.

October 5-7, 1995
Columbus, OH
6th World Interdisciplina ry Conference on Male Sexual Victimization
For additional information contact: Howard R. Fradkin, Ph.D., Ohio Coalition on Male Survivor Issues, 918 S. Front St., Columbus, OH 43206, (614)445-8277, E-mail: alliance@blythe.org.

October 11-13, 1995
Dallas, TX
14th Annual Statewide Family Violence Conference
For additional information contact: Texas Council on Family Violence, 8701 North MoPac Expressway, Ste 450, Austin, Tx 78759, (512)794-1199, Fax (512)794-1133.

October 11-14, 1995
New Orleans, LA
The Association for the Treatment of Sexual Abusers' 14th Annual Research and Treatment Conference
For additional information contact: ATSA, P.O. Box 66023, Portland, OR 97266-6028, (503)233-2312.

October 12-15, 1995
Philadelphia, PA
NASW's Social Work '95
For additional information contact: Social Work '95, Attn: Marketing Dept, 750 First St, NE, Ste 700, Washingotn, DC 20002-4241, (800)638-8799, ext. 501.

October 20-21, 1995
Toronto, Ontario, Canada
The Institute for the Prevention of Child Abuse 9th Annual Conference
For additional information contact: The Institute for the Prevention of Child Abuse, 25 Spadina Rd, Toronto, Ontario, Canada M5R 2S9, (416)921-3151, or Fax (416)921-4997.

October 31-November 4, 1995
National Coalition Against Sexual Assault 17th Annual Conference: Backlash: Implications and Strategies
For additional information contact: South Carolina Coaltion Against DV & Sexual Assault, P.O. Box 7776, Columbia, SC 29202.

November 2-5, 1995
Baltimore, MD
American Association for Marriage and Family Therapy 53rd Annual Conference
For additional information contact: AAMFT, Conference Dept, 1100 17th Street, NW, Washington, DC 20036.

November 2-6, 1995
Boston, MA
International Society for Traumatic Stress Studies 1995 Annual Meeting, "The Treatment of Trauma: Advances and Challenges"
For additional information contact: ISTSS, Marc Anderson or Deb Pederson, (708)480-9712.

November 3-5, 1995
Indianapolis, IN
Voices in Action Regional Conference for Incest Survivors and Thrivers, Helping Professionals, and Pro-Survivors
For additional information contact: Voices in Action, Inc., P.O. Box 148309, Chicago, IL 60416, (800)7-VOICE-8.

November 6-9, 1995
Middleton, WI
11th Annual Midwest Conference on Child Sexual Abuse and Incest
For additional information contact: University of Houston-Clear Lake, 2700 Bay Area Blvd, Box 273, Houston, TX 77058, (800)892-9451.

November 9-12, 1995
San Francisco, CA
The Society for the Scientific Study of Sex Annual Meeting
For additional information contact: Howard J. Ruppel, Jr., SSSS, P.O. Box 208, Mount Vernon, IA 52314, (319)895-8407, fax (319)895-6203.

November 9-12, 1995
Washington, DC
9th National Symposium on Child Victimization
For more information contact: Conference Coordinator, Trinity Square, Division of Child Protection, Children's National Medical Center, 111 Michigan Ave NW, Washington, DC 20010, (202)884-6715, Fax (212)884-6997.

November 11-12, 1995
Dallas, TX
Survivors and Supporters of Survivors of Extreme Childhood Abuse Conference
For additional information contact: Mungadze Assoc., 2350 Airport Frwy, Ste 250, Bedford, TX 76022, (817)354-1389.

November 17-19, 1995
Washington, DC
Seventh Annual Conference of the Federation of Families for Children's Mental Health "Redefining Advocacy: New Challenges, New Directions"
For additional information contact: FFCMH, 1021 Prince Street, Alexandria, VA, 22314, (703)684-7710.

December 5-6, 1995
Chicago, IL
Third University Educators' Institute on Family Preservation
For additional information contact: The University of Iowa, Ctr for Conferences & Institutes, 249 Iowa Memorial Union, Iowa City, IA 52242-1317.

December 6-9, 1995
Chicago, IL
January 10-12, 1996
Minneapolis/ St. Paul, MN
TEAM Conference (Time for Effective Action on the Maltreatment of Minors)
For additional information contact: State of MN- DHS, Human Services Bldg, 444 Lafayette Rd N, St. Paul, MN 55155.

December 7-10, 1995
Philadelphia, PA
Advances in Treating Survivors of Abuse and Trauma: Multiple Dimensions in Healing
For additional information contact: IACT, (610)525-4626 or fax (610)525-4864.

January 22-26, 1996
San Diego, CA
Tenth Annual San Diego Conference on Responding to Child Maltreatment
For additional information contact: Center for Child Protection, Children's Hospital, Registration coordinator, (619)495-4940.

January 24-25, 1996
Tupelo, MS
7th Annual Stop the Hurt! Child Sexual Abuse Conference
For additional information contact: Stop the Hurt, c/o CREATE, P.O. Box 1053, Tupelo, MS 38802, (601)841-0803.

March 26-30, 1996
Huntsville, AL
The Twelfth National Symposium on Child Sexual Abuse
For additional information contact: National Children's Advocacy Center, 106 Lincoln St, Huntsville, AL 35801, (205)533-0531

June 11-14, 1996
Rovaniemi, Finland
HUSITA 4th International Conference and Exhibition: Information Technology in the Human Services: Dreams and Realities
For additional information contact: HUSITA 4 Bureau, National R & D Centre for Welfare and Health, PO Box 220, 00531 Helsinki, Finland,358-0-3967-2110, fax 358-0-3967-2001, Email husita4@stakes.fi.

June 16-19, 1996
Saskatoon Saskatchewan, Canada
Sixth Symposium on Violence and Aggression
For additional information contact: George James, University of Saskatchewan, Extension Division, Saskatoon, Saskatchewan, Canada S7N 0W0, (306)966-5560 or fax (306)966-5567.

June 20-23, 1996
Washington, DC
Head Start's 3rd National Research Conference: Making a Difference for Children, Families and Communities: Partnerships Among Researchers, Practitioners and Policymakers
For additional information contact: Dr. Faith Lamb Parker, Columbia University School of Public Health, CPFH/MCH, 60 Haven Ave, B-3, New York, NY 10032, (212)305-7024, E-mail: flp 1@columbia.edu.

June 26-30, 1996
Chicago, IL
American Professional Society on the Abuse of Children's Fourth National Colloquium
For additional information contact: APSAC Fourth National Colloquium, 407 S. Dearborn, Ste 1300, Chicago, IL 60605, (312)554-0166.

August 9-13, 1996
Toronto, Ontario, Canada
American Psychological Association Annual National Meeting
For additional information contact: APA Convention Office, 750 First Street, NE, Washington, DC 20002-4242, (202)336-6020.

August 18-21, 1996
Dublin, Ireland
"Children and Families--Creating Stability in an Unstable World", International Society for the Prevention of Child Abuse and Neglect 11th International Congress
For additional information contact: The Secretariat, ISPCAN 11th International Congress, Clifton House, Fitzwilliam St. Lower, Dublin 2, Ireland, 351-1-6613788 or fax 353-1-6612073.

September 16-21, 1996
Washington, DC
Eleventh National Conference on Child Abuse and Neglect
For additional information contact: Research Assessment Management, Inc., Cheryl Rust, Rachel Charlip or Alexandra Cheriyan, 1300 Spring Street, Ste 210, Silver Spring, MD 20910, (301)589-8242.

»» If you have an upcoming conference that you would like placed in this bulletin, please send the pertinent information to Networking Coordinator, FVSAI, 1310 Clinic Drive, Tyler, TX 75701 (903) 595-6600 or FAX (903) 595-6799

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- ❑ 1107 *Treatment of Adolescents with Dissociative Disorders in Tertiary Care Facilities* - **F. B. Finegan**
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- ❑ 1110 *On Not Having A Life: Barriers to Treatment of MPD* - **J. R. Galloway**
- ❑ 2100 *Ritualized & Sadistic Abuse: Issues and Controversies* - **R. Sachs, C. Ross, J. Peterson, P. Lundberg-Love, & K. Adams, - R. Geffner, Moderator**
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- ❑ *Gangs and School Violence* - **D. Choice**
- ❑ *Attention Deficit/Hyperactive Disorder and Aggressive Behavior* - **S. Brians**
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- ❑ *Child Experience of Abuse and Subsequent Violent Behavior: Implications for Intervention and Prevention* – **L. Pearlman, & P. Crocker**
- ❑ *Ritualistic and Cult Abuse of Children: Psychological Impact and Treatment Issues* – **L. Pearlman**
- ❑ *Trauma and Its Wake: Trauma Survivors in the Community* – **L. Pearlman**; *and Response to Trauma Survivors: How to Motivate a Community* – **K. Perkins**
- ❑ *Violence in Our Society: Implications for Political and Social Policy* – **S. McClendon**
- ❑ *Family Violence: A Societal Problem* – **M. Vincent**
- ❑ *The Personal Impact of Random Violence* – **C. Harrison**; and *Death Row Cases: Societal and Personal Consequences* – **P. Crocker**
- ❑ *Prosecution and Rehabilitation of Violent Offenders* – **D. Dobbs** and *Violence Begats Violence: How Society Can Prevent the Development of Serial Killers* – **B. Hart**
- ❑ *Protective Orders and Legal Interventions in Family Violence Cases* - **C. Arnold** and *Risk Assessment of Family Violence Within the Department of Protective and Regulatory Services* – **B. Forsythe**
- ❑ *The Neurobiology of Aggression* – **A. Childs** and *Pharmacological Modification of Aggressive Behavior* – **A. Child**
- ❑ *Components of Psychological, Sexual and Physical Abuse* – **S. E. Thompson**
- ❑ *Identification of Battered Women* – **H. Graham** and *Empowering Battered Women* -**S.E. Thompson**
- ❑ *Identification, Intervention, and Prevention of Elder Abuse* – **S. Sayles Cross, & L. Clark**
- ❑ *The Legacy of Childhood Sexual Abuse: Treatment of the Adult Survivor* – **P. Lundberg-Love,** and *Substance Abuse and Family Violence: Treatment Techniques* – **G. Pate**
- ❑ *Treatment of Violent Youth* – **A. Childs**, and *Creative Art Techniques for Treating Traumatized Children* - **E. Emerson**
- ❑ *The Spiritual Recovery from Abuse* – **B. McWilliams, & Rev. P. Kirchner**
- ❑ *Treatment of Conduct Disordered Youth* - **T. Middlebrook,** and *Behavioral Intervention With Aggressive Adolescents* – **R. Roberts.**
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- ❑ A2 - Memory, Dissociation & Litigation - D. Hamilton & J. Ondrovik
- ❑ A3 - Diagnosing Children with Dissociative Disorders - C. Gould
- ❑ A4 - Body Memory, Body Work & Physically Facilitated Abreactions - C Manheim
- ❑ A5 - Uses of Video Therapy with Treatment of Sexual Trauma & Memory - Watson & Arauzo
- ❑ A6 - Using Games & Activities in Treating Sexually Abused Adolescents - T. Boatmun
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- ❑ B8 - Errors to Avoid in Memory Processing with Adult Survivors - J. Peterson
- ❑ B9 - Treating Children with Dissociative Disorders - C. Gould
- ❑ B10 - Treatment of Patients with Dissociative Identity Disorders - J. Redman & K. Redman
- ❑ B11 - The Dissociative Continuum, Dissociative Disorders Assessment & Differential Diagnosis - K. Matice
- ❑ B12a - The Identity/Relationship Paradigm: Placement & Practice in the Therapeutic Process - B. McWilliams
- ❑ B12b - ABC's of Healing Feelings - R. Kelley
- ❑ C13 - Shadows on the WALL: Understanding Patients with Dissociative Disorders - E. Scott & C. Ross
- ❑ C14a - Traumatized Self-Concept: A Theory of Trauma, Personality & Memory - D. Hamilton & J. Ondrovik
- ❑ C14b - Creative Therapeutic Interventions with Dissociated Children - J. Schectman
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in Austin, Texas- See page 20-21 for registration information.

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September 22 – 24, 1995
Sheraton Park Central • Dallas, TX

Co-chairs:

Sara Mandelbaum, J.D., Acting Director, American Civil Liberties Union, Women's Rights Project.

Alan McEvoy, Ph.D., Pres. Safe Schools Coalition and Professor, Wittenberg Univ.

Plenary Sessions:

- **Sara Mandelbaum, J.D.,** *Sexual Harassment: Legal and Policy Implications for Schools.*
- **Jay Friedman,** Director, Sex Matters, South Burlington, VT, *Sex Matters: Insights and Outbursts on Love, Sex and Dating.*
- **Vicki Mistr, Ph.D.,** State Council of Higher Education for Virginia, *Adjudicating Cases of Alleged Sexual Assault.*
- **Audrey Alvarado, Ph.D.,** Chair, Bd. of Directors, Nat'l Council of La Raza, *Minority Concerns in Developing and Implementing Sexual Assault/ Harassment Policies.*
- **Gay Cutchin, Ph.D.,** and **Marigail Sexton, Ph.D.,** with 4 students from Virginia Commonwealth Univ., *The Real Story: What Students Have to Say About Sexual Assault.*
- **Barry Burkhart, Ph.D.,** Dept. of Psych., Auburn Univ., *Characteristics of Undetected Male Sex Offenders.*

Co-sponsors

Nat'l Interfraternity Conference • Nat'l Coalition of Students Against Sexual Violence • Nat'l Council of La Raza • Nat'l Organization for Victim Assistance • American School Counselors Assn • American College Health Assn • Nat'l Assn of Secondary School Principals • Nat'l Panhellenic Conference • Canadian Assn Against Sexual Harassment in Higher Education • International Assn of Campus Law Enforcement Administrators • Nat'l Association of Student Personnel Administrators • Nat'l Assn for Women in Education • Safe Schools Coalition • and other organizations.

Purpose

Thirty-nine plenary and breakout sessions and networking events concurrently address: • reducing sexual assault and harassment • meeting the needs of survivors • policy development and implementation • judicial and legislative concerns • security enforcement issues.

Faculty

Audrey R. Alvarado • Sgt. Cindy Bogart • Leonard Brown • Barry Burkhart • Ron Campbell • Marcy Cayo • DeAnn Possehl • Marlene Schlecht • Sandra Riese • Molly Collins • Jeffrey Cufaude • Gay Cutchin • Marigail Sexton • Marjorie Fink • Linnie Pickering • Donald Gehring • Sean Gilmore • Jennifer Gormel-Davidson • Laura Middlebrooks • Jan Leslie Holtz • Christine Imbra • Jamie Tiedemann • Judith Barrett • Sonia Kiszka and others.

REGISTRATION INFORMATION

CALL • 800-537-4903 • OR WRITE • Sexual Assault Conference
P.O. Box 1338 • Holmes Beach, FL 34218-1338

Attention

The *FVSAB* is in need of **submissions of articles on research & treatment issues** to be considered for publication. All articles are processed through a blind, peer-review system. Guidelines for authors are available by contacting Christi Lloyd, Editorial Assist. at(903) 595-6600 or FAX (903)595-6799, or send submissions to:
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Announcements

Attention Survivor Artists/ Authors: Submissions needed!

Jodi Sykes, an adult survivor of incest, is in the process of writing a book. She is seeking original artwork, poetry and writings for this project. All contributions submitted "should emit a feeling of hope, positive thoughts, and words of advice" for other survivors. It will be a book written by survivors, for survivors of child sexual abuse.

Jodi will set up a Foundation with the proceeds of this book, so that children who are currently in treatment for their abuse, may continue their healing. She will develop a special program of Art/ Creative Therapy for children as well.

All submissions will be done on an anonymous basis unless the artist/ author wishes to disclose his/her true identity.

Those who are interested may submit their "works of art" along with a S.A.S.E. to:

Jodi Sykes
3922 7Th Ave North
Lake Worth, FL 33461

Get Involved!

In 1994, the United Nations appointed a Special Rapporteur on Violence Against Women to gather, document, and present information about the following: violence against women in the home and the community, and violence against women perpetrated or condoned by the state. Grassroots and national organizations are being called on to support the work of the rapporteur.

The January 1995 issue of *Bulletin*, published by the Institute For Women, Law & Development (IWLD), provides details on six specific ways in which you can get involved. If you are a non-profit/ non-governmental organization working to end violence against women, here is an opportunity to help make a difference worldwide.

If you would like to participate, contact IWLD at: (212)393-3663 and ask for the January 1995 issue of the *Bulletin*. You can also contact the Washington, DC office of NCADV at (202)638-6388.

(From*NCADV Update*, Feb/March 1995)

New Sexual Abuse Education Organization

A new survivor organization, Victims and Survivors of Sexual Abuse Within Schools, will fill a need to educate the public about sexual abuse in schools. The founder, Mary A. Werner, is the mother of children who were molested by a high school teacher. For more information about this important new organization write to Mary at :

681 Route A
Copake, NY 12516.

(From: *S.O.F.I.E.*, Vol. *3* No. 5, 1995)

Survivors of Repressed Memories

Eileen Franklin is looking for stories of other survivors of repressed memories for her upcoming book. Her life changed drastically when her memories of seeing her father kill her best friend, and of being sexually abused returned. He is now in jail for that murder. She would like stories of memories that have been proven, confessed to by the perpetrator, validated by similar victims, confirmed by medical or family records, proven in court, or supported with strong coincidences. Write Eileen Franklin:

P.O. Box 225
Port Angeles, WA 98362
(360)683-3903.

(From: *The Chorus*, Vol. *VII*, No. 2, 1995)

Abuse as a Workplace Issue

The Family Violence Program of the Candian Council on Social Development and the National Clearinghouse on Family Violence, Health Canada, have put together a free package of information that can help you to:

- Learn more about family violence and its impact on the workplace
- Understand the dynamics of power and control in the workplace and in the family
- Take action to support women who are being abused in the home (e.g. distributing supportive material on community resources, organizing workplace awareness sessions)
- Involve men in workplace actions against woman abuse
- Understand and respect cultural and social diversity among women who are abused at home
- Help yourself and others recognize how silence supports family violence

To order your copies of *The Women Abuse as a Workplace Issue* package, please contact: The National Clearinghouse on Family Violence Health Canada: (800)267-1291, Fax (613)941-8930, TDD line (800)561-5643.

(From: *B.C. Institute on Family Violence*, Vol. *4*, No. 2, 1995)

New Center For Advanced Clinical Development

The Center for Advanced Clinical Development, directed by Eliana Gil, Ph.D., is a program of the Multicultural Clinical Centers in Springfield, VA. Opening its doors in 1995, the Center provides an array of clinical training experiences on various topics and diverse formats.

The Center distinguishes itself by offering training programs for a limited number of professionals --A smaller audience guarantees both individual attention and the opportunity for clinical demonstrations.

Each workshop will provide a didactic presentation, followed by a clinical demonstration, observation, or consultation. Participants will have opportunities to bring individual or family clients for consultations with faculty; bring videotaped client interviews for feedback; present clinical cases for consultation; or participate as team consultants.

The Center provides:

Five-day Intensives, Thirty-hour Courses, Day-long Workshops
Group and Individual Consultation

Educational programs are offered in child psychopathology and treatment; play therapy; family play therapy; family therapy; trauma; child abuse assessment and treatment, and other topics of interest. Faculty includes Eliana Gil, William Stage, Mary Beth Williams, David Eddy, Anne Mills, and others. To receive information contact:

Eliana Gil
P.O. Box 5629
Rockville, MD 20855
(301)869-0469.

CALL FOR ARTWORK

6TH NATIONAL CONFERENCE ON ABUSE, TRAUMA & DISSOCIATION
September 28 - October 1, 1995
Austin, Texas

To All Survivors.

In an effort to show the traumatic impact that violence has on survivors, we would be honored to show your artwork at the Conference. Through artwork, survivors can show the strength, courage and bravery it takes to heal and become a survivor. Artwork also documents the healing process and is very validating in telling a story that no one can refute.

If you are interested in showing your artwork, here is what you need to do. Send me six or less pieces of artwork that were done at the beginning of therapy, the midpoint and something current, or any combination thereof, that depicts your healing journey and shows how far you've come. It can be anything that you feel shows best what you've been through and all the healing that has occurred since you began therapy.

For further information and to submit your work, contact:

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Each update will include over 3,000 references in over 16 FVSAI categories (See p. 47) obtained by the Family Violence & Sexual Assault Institute during 1992-1994. These references include published journal articles, books, manuals, papers presented at conferences, and unpublished manuscripts.

★ The price of the new bibliography updates will range from $20.00.-$25.00 ★ See p. 9 to order.

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ATTENTION

Your **UNPUBLISHED** papers are needed for inclusion in the Family Violence & Sexual Assault Institute's Clearinghouse. The FVSAI houses **UNPUBLISHED** papers, references, adds them to an extensive data base, and disseminates copies to members upon request. Members will have access to your **UNPUBLISHED** papers through::

- Classified Guide to Family Violence & Sexual Assault Literature in semi-annually bulletin (see page 50)
- Requested computer searches of FVSAI data bases
- Bibliographies published yearly in the following areas:

• Spouse/Partner Physical/Psychological Maltreatment • Child/Adult Sexual Maltreatment/ • Child Physical/Psychological Maltreatment • Elder/Parent Maltreatment

To properly reference your material, include: • date paper was initially written • if applicable, name of conference, month, year, city, and state where paper was presented. Please send all applicable **UNPUBLISHED** material to:

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Registration Form

The 6th National Conference on Abuse, Trauma & Dissociation

September 28-October 1, 1995

DRISKILL HOTEL ••••• AUSTIN, TEXAS

Sponsored By:

Texas Society For The Study of Trauma and Dissociation
The American Coalition for Abuse Awareness
One Voice: National Alliance for Abuse Awareness

Hosted By: Austin Study Group for Trauma and Dissociation
Presented By: Family Violence & Sexual Assault Institute

TUITION FEE	EARLY REGISTRATION	AFTER 8/25/95
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❑ Post-Conference Institute (Sun. 8:30 - 5:00 pm) - 6 hours CE	95.00	115.00
❑ Conference & One (1) Institute ❑ Pre-Conference-Thursday ❑ Post-Conference-Sunday	255.00	295.00
❑ Conference & Both Institutes	325.00	385.00

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CANCELLATION POLICY

All cancellations must be received in writing. Tuition refunds are as follows: Cancellations postmarked on or before September 1, 1995, will receive a full refund, those postmarked after September 1, 1995, will receive a 50% refund, but after September 20, 1995, no cancellations can be accepted.

THE 6TH NATIONAL CONFERENCE ON ABUSE, TRAUMA & DISSOCIATION

SEPTEMBER 28 - OCTOBER 1, 1995
AUSTIN, TEXAS

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- Building coalitions for child protection and abuse prevention
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- Responding to the Backlash: clinical, legal and legislative issues
- Promoting fact-based education in the Media
- Special task force meetings of various professional and advocacy organizations

KEYNOTE SPEAKERS & SPECIAL GUESTS:

- JON CONTE, PH.D. - Associate Professor , School of Social Work, University of Washington and Editor of *The Journal of Interpersonal Violence*, Seattle, WA.
- CAROLYN CUNNINGHAM, PH.D. - Director of Psychological Services of the Children's Protection Center at Miller Children's Hospital in Long Beach, CA.
- JEAN GOODWIN, M.D. - Professor of Psychiatry and Behavioral Sciences, University of Texas Medical Branch, Galveston, TX.
- SHERRY QUIRK, J.D. - Attorney with the Law Firm of Verner, Liipfert, et al., President of the American Coalition for Abuse Awareness, and President of One Voice in Washington, D.C.
- ALAN SCHEFLIN, J.D. - Professor of Law, Santa Clara University Law School, Santa Clara, CA.
- ROLAND SUMMIT, M.D. - Head Physician of the Community Consultation Service and a Clinical Professor of Psychiatry at Harbor-UCLA Medical Center in Torrance, CA.
- BESSELL VAN DER KOLK, M.D. - Associate Professor of Psychiatry, Harvard University, Massachusetts General Hospital Trauma Clinic, Boston, MA.

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BRUCE BENNETT, PH.D., SANDRA BLOOM, M.D., DAN BROWN, PH.D., GARY ELKINS, PH.D., DAVID HAMILTON, PH.D., J.D., ED HARRIS, ED.D., J.D., MARY HARVEY, PH.D., BARBARA JO LEVY, J.D., ERIC MARINE, SUE MARX, J.D., BRUCE PERRY, PH.D., M.D., JUDITH PETERSON, PH.D., CAROL PLUMMER, M.S.W , COLIN ROSS, M.D., and CAROL TRACY, J.D.
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By Daniel J. Sonkin, Ph.D.

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"...Beginning with an historical overview and a lucid description of treatment issues, Sonkin moves through a thorough definition of the problem, choices of counseling approaches, and assessment. Turning his attention to cognitive-behavioral approaches, he clearly outlines a user-friendly guide to group treatment. Includes a chapter on risk assessment and management and concludes with related chapters on couples therapy, cross-cultural issues, and stalking prevention that round out a very comprehensive introduction for the professional reader."

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Book & Media Reviews

The Physician's Guide to Domestic Violence.
P.R. Salber & E. Taliaferro, Volcano, CA: Volcano Press, 1995, 114 pp., $10.95.

The media, it seems, has recently "discovered" that our society is permeated with violence. The base of the iceberg is located within the home, and the victims are those who are vulnerable because of their age, size, and relative strength (i.e., women, and children). Until now few resources have been available to clinicians who work with victims of domestic violence.

An accurate and appropriate alternate title for this work could be: The *Not Just For* Physicians Guide to Domestic Violence, because this small (114 page), soft-cover book contains a wealth of practical information that all health care workers can utilize to facilitate detection and intervention in cases of domestic violence. The simple, non-technical text is supplemented by charts and tables that provide "at-a-glance" data for busy professionals. Contents include a brief overview of the history of domestic violence, the scope of the problem, reasons women are reluctant to disclose abuse, explanations for why they stay in abusive relationships, tactics used by the offender to enforce and maintain power and control, profiles of the typical batterer and battered, and physician rationale for not raising the issue with clients. Clues to recognition, questions that can elicit disclosure, suggestions for planning and implementing escape, social and legal barriers that can impede flight to safety, and the availability of community resources help round out this comprehensive approach to a major social disorder. A short, up-to-date selected bibliography can expedite individual research into this vital topic.

The authors are to be commended for putting together an outstanding, easy to use resource. This book will be invaluable for everyone who provides direct patient care. Knowing how to ask the right questions and recognize abuse will, as the cover acknowledges, save lives! **(For purchase at a discount, see Book Club on pp 4 & 5]**

Donald Barstow, MS, MA, RN, CNS
Renewed Hope Counseling Service
Oklahoma City, OK

Emotional Abuse.
M. T. Loring, New York: Lexington Books, an imprint of Macmillan, Inc., 1994, 140 pp., $27.95.

The world of psychotherapy has witnessed an onslaught of material on physical abuse, that has reached levels of unprecedented proportions. The professional literature has suffered a rampage on this subject, including childhood abuse, incest, spousal abuse, sexual abuse, but *emotional* abuse has been relatively neglected.

In her book, Loring, a clinical social worker, sociologist, and assistant professor at Georgia State University, and executive director of the Center for Mental Health and Human Development in Atlanta, opens our eyes to a new and vital area: the private world of emotional abuse. She offers a detailed account of emotional abuse within the context of family violence. It is a wake up call stressing the importance of emotional abuse with all its closeted perceptions.

The author begins with an overview of emotional abuse, proposing that it all too often dovetails on physical abuse. She then draws sharp distinctions between emotional abuse and physical abuse. She suggests that emotional abuse is continuous and insidious in nature, unlike physical abuse, commonly thought to be "cyclical in nature."

In her next chapter, "Differentiating Emotional Abuse," Loring proceeds to discuss in detail the differences between emotional abuse and other forms of abuse, stressing the need for therapists trained specifically to identify and diagnose its ubiquitous nature. She notes the intent is to help make a more accurate diagnosis of the characteristic mechanisms and danger signs of abuse to further understand the relationship between the abused and the abuser. The crucial point is that no matter what theoretical framework one adheres to, abuse of any nature should not be tolerated.

The great bulk of her book, Chapters 3 and 4 deal with "Attachment," and "The Trauma of Emotional Abuse," examines the relationship between trauma and emotional abuse as it relates to the gradual disintegration of the self. The main point is that the loss of self leaves the victim vulnerable to further understand the relationship between the abused and the abuser.

In the chapter devoted to "Theoretical Perspectives," Loring offers a compilation of work from many theorists, a variety of different frameworks, methodologies, and syndromes, including battered woman syndrome and systems theory. The book ends with "A New Model of Therapy," as Loring expands the relations model to map a safety plan for victims who are at high risk for suicidal and homicidal tendencies. In outlining a new model of treatment she provides a number of case examples.

Loring's book has many strengths. Her firm voice is clear and is heard throughout. She provides a riveting and compelling description of victims who suffer from these forms of emotional violations. She offers four specific "treatment components," such as *therapeutic endeavor* and *therapeutic modality*. The treatments help victims recognize and acknowledge all aspects of emotional abuse, including how to detach and reintegrate. She dramatically and vividly portrays emotional sadness, loneliness, despair, and the perpetuation of loss of self. She exposes us to the central issues that emotional abuse does require special training in both treatment approaches and diagnosis, and that therapists be alerted to the danger signs. She offers many illustrative case examples which indicate how the perpetrator of the abuse is not only cruel and sadistic, but can simultaneously offer intermittent bids of love and kindness.

This book is extremely useful...and should definitely be recommended to those working in the field of family violence.

Emotional Abuse is an excellent resource book, but it has limitations. The main theoretical contributions draw primarily from systems theory, relational theory, and what might be considered as

counseling approaches. The treatment section tends to focus more on the results and benefits of treatment than on the treatment itself. Furthermore, one might question the recommendation of "hugging" victims as a form of compassion. To hug the more vulnerable patients may endanger the therapist's neutrality, stir up seduction fantasies, and further contribute to the patient's already thwarted sense of boundary, or confusion, and delusions.

Loring begins to pave the way into an analytic approach when she discusses attachment-trauma model, but then quickly abandons it. Considering the limitations of "what has been done," the author would have been better off drawing and abstracting concepts from psychoanalytic theories. John Bowlby and Heinz Kohut are briefly referred to, but more substantial constructs are needed to support her general conception, especially in dealing with such in-depth ideas as attachment, abandonment, childhood arrest, and lack of validation. She also overemphasizes the man's role, mitigating the woman's participation in the perverse interaction. Clinicians may tend to trivialize the dyadic unit as an interplay actively engaged by two parties. One might recommend object relations, which includes such mechanisms as projective identification to explain the victim's unconscious collusion in the abusive interaction (the attachment to a sadistic internal object). Loring confirms that the receiver does stay attached to the abuser, but does not elaborate enough as to why the subject remains hooked to a tantalizing fantasy object, which acts as both the abuser and as the generator of potential love source.

Loring opens the way to a psychological clogged system, a virginal area to be explored within a sector of silently screaming victims yet to be heard. This book is extremely useful for both beginning and experienced mental health professionals and should definitely be recommended to those working in the field of family violence.

Joan Lachkar, Ph.D.
author of *The Many Faces of Abuse: Emotional Abuse In High Functioning Women* (forthcoming), Pacific Palisades, CA

Life After Rape.
K. Larsen. Seattle, WA: Baker & Taylor; Pacific Pipeline; Moving Books, 1990, 108 pp, $8.95.

A montage of personal writings, stories about real experiences, poems, and journal entries, *Life After Rape* is a wonderful book offering hope to survivors and victims of rape and sexual abuse. Ms. Larsen deals intimately with her own personal experience of sexual assault in the opening chapter, sharing her feelings, personal fears, and the havoc wreaked in her life and relationships as a result of the rape.

...extremely appropriate material for all victims of sexual assault and would be most useful if made available to clients of professionals both in private practice and at rape/crisis centers.

The book continues to explore the differences and similarities in stranger rape versus acquaintance/date rape, dealing with issues of loss of trust, guilt, self-esteem, and anger. In addition, marital rape is an important chapter, challenging the 'husband's right', and helping to understand their need for power and control.

Life After Rape is completed by its thorough understanding of the importance of a survivor's loved ones. The final chapter is one of instruction and encouragement to the families, partners, and friends of a victims of sexual assault.

Ms. Larsen's endeavor is extremely appropriate material for all victims of sexual assault and would be most useful if made available to clients of professionals both in private practice and at rape/crisis centers. The heartwarming stories and touching poetry help other victims to find solace after a terrifying and traumatic experience.

Theresa Pirtle Bullard, B.A.
Director, The Crisis Center Outreach
Canton, TX

Stopping Domestic Violence: A Counselor's Guide to Learning to Live Without Violence.
D. Sonkin, Volcano, CA: Volcano Press, 1995, $29.95, 175 pp.

Stopping Domestic Violence is a unique book covering a variety of approaches in the field of intervention with domestic violence cases. The book begins with basic definitions, but quickly moves into treatment and counseling approaches. Dr. Sonkin does an excellent job of describing the main approaches in use today, from crisis intervention and education to cognitive-behavioral treatment and couples counseling. He focuses on what we know from the research as well as his recommendations from clinical experience.

This new book by Dr. Sonkin is an important contribution for all clinicians who currently work with victims and offenders of domestic violence, or those who are planning to do so in the future. This book provides practical information for the clinician concerning the various approaches to treating this epidemic. Dr. Sonkin presents the theoretical foundations useful for the clinician, the current controversies in the field, the political context that we in the family violence field face, and the various techniques that can be applied to treatment. The book is easy to read, and includes two topics that have become increasingly important in recent years but are often omitted in other books: stalking and cross-cultural issues. In addition, the connection among all forms of domestic violence (e.g., wife/partner abuse and child abuse) is emphasized.

provides excellent suggestions...for the beginning therapist as well as for those who have been working with victims and offenders of domestic violence for many years.

It is important to remain open-minded to the various approaches that

can be used in treating domestic violence since there is a lack of adequate research data to evaluate outcomes at the present time. It is clear that any treatment must hold the offender responsible for abusiveness and not blame the victim for being abused. It is also essential to assess each offender and victim to determine the best approach for each, depending upon their particular characteristics, situation, level of violence, dangerousness, and future plans. This flexibility is often overlooked in many books due to the particular bias or orientation of the author. It is to Dr. Sonkin's credit that he recommended such an approach in his new book. He provides excellent suggestions, based upon his clinical experience as well as research, for the beginning therapist as well as for those who have been working with victims and offenders of domestic violence for many years. In summary, this is an excellent book, and it should be read by all clinicians.
[For purchase at a discount see FVSAI Book Club on pp. 4 &5]

Robert Geffner, Ph.D., ABPN
President of Family Violence & Sexual Assault Institute; Director of Counseling, Testing & Psychiatric Services; Tyler, TX

Making Monsters.
R. Ofshe & E. Watters, New York: Charles Scribner & Sons, 1994, 320 pp, $23.

In reviewing Richard Ofshe and Ethan Watter's *Making Monsters*, I am reminded of a Jungian version of the fable "The Emperor's New Clothes". In this new version, clever tailors convince the Emperor that they have created for him a persona of such magnificence that he may parade in his shadow before his subjects without shame. The skill of the clever tailors is broadcast far and wide in talk shows, magazines, and newspapers. Assuring themselves that their Emperor would surely never parade before them in his underwear, the subjects admire his new wardrobe--until the child cries out, "The Emperor has no clothes!"

It is time to hear from the child, one of the anecdotal victims of "recovered memory therapy" described so dramatically in *Making Monsters*. Author Ofshe served as an expert witness for the defense in my case, chapter six in *Making Monsters*. I am "Jane", the 45-year-old mother of two and an educational coordinator in a rape crisis center who in 1988 sought therapy because I wasn't getting along with my boss. I am the "Jane" with the four sisters and a physician father, and my favorite childhood story was about the day the dolls came alive. The judge awarded me $150,000.

With imaginative flair and legerdemain, Ofshe has dressed my case from his repertoire of survivor literature, hypnosis sessions, "evolved" memories, and satanism. He has distorted dozens of excerpts from court documents and removed all trace of corroborating evidence. He completes his creation by transforming my healthy mental state into a typically bizarre FMSF anecdotal account of a "terrible momentum of therapeutic forces". I suggest that these distortions are not unique to *Making Monsters*.

Removing Ofshe's cloak of deceptions reveals a child who was incested from an early age by her father. The child realized early on that her mother was not only aware of the abuse but that she conspired in keeping it a secret. So profoundly unbearable was this experience that the child repressed all memory of the abuse. Decades later as an adult I entered therapy. There I found the key that unlocked the door to the horror of my childhood in my therapist's question, "How did your father make you stop having periods?" The pain, anger, and grief I experienced in the crisis of the aftermath was a result of the incest, not the therapy.

The losers are the survivors who are denied their truth and a society that can once again deny its darkest side, the ongoing abuse of its children.

I eventually entered the legal arena where the testimony of my expert witnesses, my parent's dubious testimony, and the accumulation of indirect corroborating evidence led the judge to a decision in my favor.

In his extraordinary conclusion to my case, Ofshe states that I "took the decision more as a defeat than a victory" that when a reporter asked me what I thought of the decision I "burst into tears and sobbed inconsolably" and that I signed up "for a therapy retreat... determined to follow these new dark clues". The truth is that the judge's decision was a victory not only for me but for my immediate family, two of my sisters, my attorney, my expert witnesses, and my friends. There were no inconsolable tears, there was no therapy retreat, there are no dark clues to follow. My lawsuit allowed me to discover astonishing reserves of commitment, power, and courage in myself and brought me healing, peace, and validation. From the judge's decision I offer this excerpt.

> Dr. Ofshe characterizes plaintiff's memories as progress toward ritual, satanic cult images, which he states fits a pattern he has observed of false memories. It appears to the Court, however, that in this regard, he is engaging in the same exercise for which he criticizes therapists dealing with repressed memory. Just as he accuses them of resolving at the outset, defining repressed memories of abuse and then constructing them, he has resolved at the outset to find a macabre scheme of memories progressing toward satanic cult ritual and then creates them.

False Memory Syndrome Foundation members have created a brand new, politically correct defense for accused sex offenders, a new persona that allows offenders to disclose publicly without shame. The winners in this new denial system are the accused offenders, the False Memory Syndrome Foundation expert witnesses who provide this defense, and a media eager for a good story. The losers are the survivors who are denied their truth and a society that can once again deny its darkest side, the ongoing abuse of its children.

It appears that *Making Monsters* is another in the line of propaganda books rather than serious research. In fact, the title seems representative of the authors' creations, not accurate portrayals of cases. As the child who was victimized by my parents, and now as the adult who refuses to be victimized a second time by this new denial system, I respond, "The Emperor has no clothes!" and I am trusting that society will hear me. And all of us.

Lynn Crook, M. Ed.
Richland, WA

Once Can Hurt A Lifetime. M. van Derbur. Washington, DC: One Voice, 1994, $57.50, running time 28 minutes.

Dramatic accounts by at least nine survivors of childhood sexual abuse provide insight into the long-term pernicious aftermath of sexual traumatization. Male and female, young and old, black and white, each shares his/her personal experience and describes the impact the abuse has had on various aspects of their lives. Victim-viewers are urged to seek professional treatment in order to promote recovery, and to eliminate any tendency toward becoming perpetrators themselves that their assault may have engendered. Each vivid description provides clear and convincing confirmation of the fact that just one episode of abuse can leave an indelible mark on victims. In addition, an admitted pedophile recounts the events that led to his offending against children, the enabling behaviors of his family, and the disclosure by one of his victims that eventuated in a petition for therapy. Narration by Marilyn van Derbur, herself a survivor (or, better stated, thriver), underscores the reality of the agony of sexual abuse. While directed toward young people, the message is appropriate for all age groups.

...an excellent documentary that can be used in a wide variety of settings ...that emphasizes the reality of trauma of childhood sexual abuse.

There are at least three areas in which this program can be of immense value. First, shown to lay audiences, it can promote the validity of childhood sexual abuse as a cause of severe mental and emotional distress. This, in turn, can reduce one's hesitation to disclose one's own history of abuse and smooth the way for therapeutic intervention. Second, the testimony of these real-life survivors can do much to reduce client minimization, denial and rationalization. And third, this video can make spouses and family members sensitive to the impact sexual abuse can have on multiple aspects of a victim's life, and thereby increase the understanding, patience, support and empathy they can individually offer the recovering loved one.

This is an excellent documentary that can be used in a variety of settings. It fills a real need in that it emphasizes the reality of the trauma of childhood sexual abuse, as well as the fact that just "once can hurt a **lifetime**!"

Donald Barstow, MA, RN, CNS
Renewed Hope Counseling Service
Oklahoma City, OK

The Silent Scream. New York: Filmakers Library, 1995, $295.00, running time 30 minutes.

This film, produced by RTE, takes a candid look at the Kavanagh sisters and shows the courage it took to share their stories of the sexual abuse that they suffered at the hands of their father.

The film takes an inside look at all of the aspects of incest: how each of the sisters dealt with their own personal thoughts and pain, how their mother walked around with "blinders" on, and how their own futile attempts to break their silence and seek help from their family doctor and priest fell on deaf ears. As adults, they confronted and prosecuted their father in a court of law. Now, together with their mother, they have begun to heal and begin anew.

Throughout this film, actors recite poetry that was written by children who have been sexually abused, and origial works of art are interwoven into it as well. The Kavanagh sisters need to be commended for sharing their story so that they, in turn, may help others.

This video is a "must see" for any professional who deals with survivors of child sexual abuse, and also for survivors and others who are concerned about incest and child abuse issues.

Jodi Sykes
Lake Worth, FL

For Reviewer information Contact
Marilie Brandstetter
(903)595-6600

More Than Words: Responding to Domestic Violence-Part I. B. Connell (Ed.). Urbana, IL: Baxley Media Group, 1994, running time 34 minutes.

Domestic violence is an interdisciplinary matter and should receive comprehensive attention. *More Than Words* is aimed at shaping the attitudes of professionals toward victimized women by dispelling myths which may have prevented effective clinical practice with this population in the past. The responsibility and role of health care professionals in identification, assessment, and referral for women suspected of being battered is emphasized.

More Than Words consists of three videos intended for education in the health care and mental health fields. Most physicians want to do "the right thing", but often do not know what the right thing is. The video series contains the courageous stories of three survivors and the support of several mental health professionals. The viewer receives a glance at the mental state of the battered woman. Rather than ask the question "Why did she stay?", perhaps we should ask "Why was he allowed to stay?".

Anyone can be the victim of spouse abuse. The perception of a battered woman is challenged by the thought-provoking discussions of the survivors and professionals. The mental health professionals in the video offered insight into the dynamics operating in the violence and aggression of batterers. The video series attempts to dispute many of the existing myths regarding domestic violence in order to allow for the intervention necessary for this special population.

The public health aspect of domestic violence is a critical point addressed by the series. Physicians and other health care providers receive a chance to hear what victims of domestic violence need from the medical community. The professionals' advice and information aid in an attempt to provide available resources and assistance to the victims.

This is an excellent documentary which prompts sensitivity of all audiences toward the perspective of the battered spouse. It takes "more than words" to help a victim of domestic violence, it takes action.

Christi L. Lloyd, BA
University of Texas-Arlington
Graduate School of Social Work

The 6th National Conference on Abuse, Trauma & Dissociation

announces the schedule for Pre- and Post-Conference Institutes

Pre-conference Institutes- Thursday, September 28, 1995

1. Treating Traumatized Children: Expressive & Play Therapy Techniques
   -Carolyn Cunningham, Ph.D. / 9 am to 5 pm

2. Techniques & Issues for Attorneys in Sexual Abuse Cases
   -Barbara Jo Levy, J.D., Sue Marx, J.D., & Phil Vallaume, J.D./ 9 am to 5 pm

3-A. Shame & Trauma: Integrative Treatment Techniques for Trauma Survivors Combining Hypnotherapy, Cognitive Restructuring and Healing Metaphors
   -Judith Peterson, Ph.D. / 9 am to 12:30 pm

3-B. Abuse & Trauma Cases: Risk Management, Issues for Clinicians
   -Eric Marine, Vice President American Professional Agency/ 1:30 pm to 5 pm

Post-Conference Institutes- Sunday, October 1, 1995

1. Risk Management in the Evolving Health Care Market
   -Bruce Bennett, Ph.D. & Eric Harris, J.D., Ed.D., APAIT/ 9 am to 5 pm

2. Forensic Issues in Abuse Cases
   -Roland Summitt, M.D./ 9 am to 5 pm

3. New Guidelines for Using Hypnosis with Memory & Victims of Abuse
   -D. Corydon Hammond, Ph.D., ABPH/ 9 am to 5 pm

For more information and registration form, see pages 20-21 or contact:
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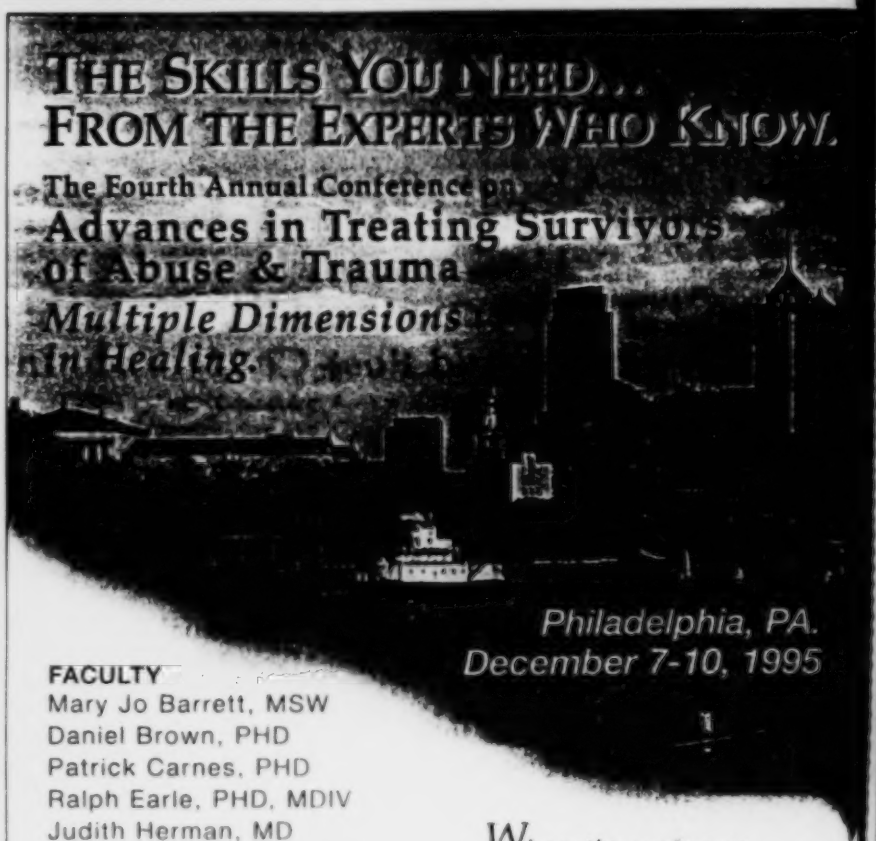
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Research & Treatment Issues

A Male-Female Abuse Continuum

by Joanie Connors, PhD
Adjunct Assistant Professor of Counselor Education, University of Arkansas, and Private Practice, Fayetteville, Arkansas;
and Michelle Harway, PhD,
Director of Research and Core Faculty at the Phillips Graduate Institute (formerly California Family Study Center), Los Angeles, California

In examining the phenomenon of abuse in our culture, much of it happens in the context of male-female relationships and within gender-based power discrepancy. This makes it extremely difficult to study abuse without studying gender. In this article, we argue that the power dynamics that underlie our culture's gender-role socialization are the roots of much of these abuses. Power is the major dynamic in abuse, in the motivation behind it, as well as how abuse occurs and is maintained. The link between gender and power abuse is illustrated by the phenomenon of psychological abuse, which a number of scholars have noted is a common and effective way to enforce gender-based discrimination (O'Neil, 1992; Walker, 1992).

We propose here a way of conceptualizing the psychological, sexual, and physical abuse of women along a continuum of male-female power abuse. In the case of male-female relationships, much abuse appears to be perpetrated and tolerated because it reinforces existing power relationships and discrepancies.

Gender is not the only basis for power abuse in our culture and other cultures. Rather, gender is one of numerous disadvantaged statuses, including race, ethnicity status, physical disability and sexual orientation. Gender, however, appears to be one of the most common and substantial bases for discrimination and harassment. This article will be focused on gender-based abuse because we have sufficient data to make some generalizations about the dynamics involved. Hopefully, this can serve as a model for also looking at abuse based on other disadvantaged statuses.

Physical and Sexual Abuse

Abuse usually occurs in relationships in which there is a power differential and where social conformity or fear ensures that the victim will either comply or not publicly protest (Finkelhor, 1983; Straus, 1983). Several studies have found that hostility and anger are a common trait of abusers (e.g., Briere, 1987;Lisak & Roth, 1988; 1990; Malamuth & Dean, 1991; Malamuth, Sockloskie, Koss & Tanaka, 1991). Dominance also appears to be a motive for abuse (Koss, Leonard, Breezley & Oros, 1985; Lisak & Roth, 1990). A study by Pryor (1992) found adversarial sexual beliefs and the need to dominate correlated with the likelihood to sexually harass.

Beliefs about violence and about victims of violence may play a role in the etiology of abuse. Acceptance of interpersonal violence has been found to be a factor in studies of rape (Malamuth & Dean, 1991), domestic violence (Briere, 1987), and sexual aggressiveness (Koss et. al, 1985; Malamuth & Dean, 1991; Malamuth et. al, 1991).

Power appears to be a key dynamic in the etiology and perpetration of abuse. A power differential appears to exist between many perpetrators and their victims, whether it be because of authority and position (sexual harassment), position in the family (incest) or physical strength (rape, domestic violence). Violence towards others is the ultimate denial of their power over their bodies and their lives, and abusers' acceptance of violence means that they see nothing wrong in the harm that they cause others.

Psychological Abuse

The term "abuse" is most often used to describe acts of physical or sexual violence. One such aspect of abuse, though, that is just now receiving attention is the concept of psychological abuse (Sullivan, Parisian & Davidson, 1991; Walker, 1992). Psychological abuse appears to be one common dynamic of all types of abuse that leads to the disempowerment of its victims (Finkelhor, 1983).

Psychological violence has been defined by O'Neil (1992) as including verbal and behavioral means to undermine someone's feelings of competence and self-esteem, such as through criticism, blaming, harassment, fear induction and neglect. He notes that psychological violence is often perpetrated by men against women to enforce men's internalized beliefs about gender inequities.

Gender and Abuse

There appears to be a strong relationship between gender roles and abuse, such as rape, sexual harassment, incest and domestic violence. The most obvious indicator of this is that perpetrators tend to be predominantly male and victims tend to be predominantly female. Ninety-nine percent of rapists are male while most rape victims are female (Federal Bureau of Investigation, 1992; Stephenson, 1991). Most of the perpetrators of incest and the sexual molestation of children are male (Tierney & Corwin, 1983) and the vast majority of sexual harassers are male while the majority of their targets are female (Pryor, 1992). In domestic violence, Walker (1992) reports that 90-95% of batterers arraigned are men, while those who are injured or killed are primarily women and children (Finkelhor, 1983; Stephenson, 1991).

The power dynamics that underlie gender-role socialization appear to lay the foundation for this situation. The differential socialization of each gender serves to teach behaviors that enforce and maintain gender status differences, with males learning power assertive behaviors (such as aggression) and women learning to facilitate others' power (Eagley, 1987). Some forms of abuse appear to be precipitated by situations where women threaten existing power relationships, such as when they enter previously male arenas at work, or make their own decisions. Abuses seem to remind women of their secondary status by injuring them, removing them from centers of power, humiliating them for their wants and denying them space or attention. These abuses then become major methods for denying women power. Gender role traits and attitudes are often discussed in studies of abusers (e.g., hypermasculinity—Lisak & Roth, 1990; stereotypes of masculinity—Pryor, 1992; gender-role stereo typing— Koss et. al, 1985; femininity—Ross & Allgeier, 1991). Male-female abuse may function to reward stereotypic male roles and male aggression and to remove obstacles to male aggression. Male aggression appears to be reinforced because it is often successful at getting men what they

want, and because there are minimal effective social consequences for it.

Abuse also appears to affect females in many ways that ensure the acceptance of power differentials. At the lower levels of male-female abuse, much female power in social and individual situations is ignored and denied, therefore extinguishing it. Women and girls who speak up in academic settings are often ignored or criticized by teachers, both male and female. Women who apply for prestigious jobs or strive to make professional impact are often overlooked. The denial of others, ranging from friends to public figures to legal officials, that gender-based discrimination exists and is harmful further extinguishes women's power by refusing to acknowledge their experiences. This also deters their speaking out against it.

Many women who speak out against abuse, or otherwise behave outside of the traditional, passive feminine role, may become subjected to abuse which discounts their influence and/or character, cost them their jobs or otherwise punishes them. Lastly, the trauma caused by these abuses leaves a substantial number of women with psychological and/or physical damage which make it unlikely that they will take the risk to challenge the power structure again. Thus, abuse communicates "I have power over you" in many ways. The average woman may experience hundreds of interactions in a week that include minor and major aspects of power abuse, reminding her of her secondary status.

Table1
Male-Female Abuse Continuum

| Neglect <- - - -

attention, as in the previous category, but they also treat women less seriously, have some negative impact, and remind them of their secondary status.

The behaviors in the category of *Suppressing Women's Power* are consciously intended to be harmful or unpleasant, although they may not be consciously intended to attack women's ing work, credit for work done. They communicate "you are not liked", "you are not one of us", and "you do not deserve the same as us". These behaviors function as reinforcement withdrawal and as aversive responses to women's presence and behavior in society.

The behaviors in this category are conscious behaviors aimed at having a destructive impact on women's power. Behaviors such as demoting, character attacks, and assault are motivated by a desire to remove significant amounts of women's influence, whether it be interpersonal influence, occupational influence, or a woman's power over her own body in the present.

The category of *Eliminating Women's Power* includes those behaviors designed to attack women's power in significant and/or permanent ways. Creating rules that deny women power in organizations or laws that deny women's freedoms or control over their bodies are long term ways to remove women from access to power. Firing, imprisonment, murder and genocide deny women's power by removing their presence, forcibly and usually permanently, from their spheres of influence. The recent government-sponsored rape, murder and enslavement of women by the Serbians in Boznia is an example of the worst behaviors in this category.

Continuum of Male-Female Power Interactions

The hypothesized male-female abuse continuum would constitute the negative side of a continuum of male-female power interactions. The entire continuum of male-female power interactions (Figure 2) would also include a number of levels of positive power interactions as well as ineffective power interactions. We would expect to find the same range of positive and negative behaviors in the continuum of interpersonal power interactions based on racial or other status differences.

The positive side of the male-female power interaction continuum would include interpersonal behaviors which are somewhat helpful (e.g. verbal support, ambiguous or half-hearted behaviors, support that is only somewhat effective) and behaviors which truly aid and encourage someone having their own power in a situation (e.g. telling someone what their rights are, hearing someone or insisting that they be heard, encouraging someone to stand up for their rights). Many men are supportive of women and their power and they are supportive of women's power through their public stances, writings and political work. Supportive parents, teachers, friends and therapists would be likely to have large repertoires of behaviors that support another's power.

Limitations of the Model

In looking at male violence against women and considering the gender and power model we are proposing, three limitations may be discussed. These limitations include the high but variously reported prevalence rates, how to interpret the evidence when males are perpetrated against or when women perpetrate, and why all men do not perpetrate abuse.

Prevalence figures vary widely for most of the forms of abuse we have discussed. For example, Koss (in press) cites a variety of reasons for the diversity of figures regarding rape prevalence (differing definitions of what constitutes rape, types of screening questions asked of respondents, context of questioning, method of data collection, impact of confidentiality on disclosure and composition of the sample). Similar factors are likely to affect reporting statistics for other forms of abuse as well. In spite of some disagreement about the exact figures regarding prevalence of abuse by men against women, it is generally acknowledged to be high for a culture such as ours.

Certainly not all violence is by men against women. Much societal violence is in fact by men against other men (Roth, 1994) and there too abuses of power would seem to be implicated. In child abuse, boys are often victimized, usually always by adult men or older boys in a position of power over the victim (Bolton, Morris & MacEachorn, 1989; Hunter, 1990). Women who are abused can also be violent. For example, we find that women do participate in domestic and dating violence, however, much of the literature indicates that women's participation is usually in self-defense (Barnett, Keyson & Thelen, 1992; Kurz, 1993).

Although women's violence against other women in the case of lesbian domestic violence has also been reported to be high (Renzetti, 1994), this does not necessarily contradict the rationale behind the continuum. The literature on battering suggests that domestic violence increases when power differentials between the partners decreases (Yllo, 1984; Coleman & Straus, 1986), and power differentials would likely be small in most relationships between two women. There may be a struggle for power in these relationships which manifests in physical abuse. And, even though both partners are female, they have been reared in a society that reveres power. This sense about the importance of power, especially as it reflects itself in relationships may be internalized by one or both partners. In addition, since lesbians by their very nature are less likely to have successfully learned stereotypically feminine behaviors, they are less likely than heterosexual women to be passive. They may consequently get into more struggles for power with their partners and this may account for the high prevalence of domestic violence among lesbians.

Lastly, a gender-role socialization and power model would seem to lead to a conclusion that all or most men should, as a consequence, perpetrate. As feminist therapists we have heard a signigicant amount of anecdotal evidence that many, but not all, men do at times engage in some of the behaviors described by the continuum, although most of those behaviors are milder forms of abuse, such as psychological abuse. Certainly laws, social desirability effects, awareness and good intentions prevent most men from engaging in the more extreme forms of behaviors. As sexual harassment, date rape and other abuses come increasingly into the public consciousness and are proscribed by society, these behaviors too will decrease.

Certainly factors other than the misuse of power and its interaction with gender role socialization may figure in some forms of male violence against women. But the involvement of these two variables in most forms of male to female violence must be acknowledged in the development of solutions.

Changing Male-Female Power Relationships

One key to changing this situation may be in researching and discussing negative attitudes and beliefs about females and femininty. O'Neil and others have researched the fear of femininty in men and found evidence that

it involves a powerful and negative feeling regarding values, attitudes and behaviors that are stereotypically feminine (O'Neil, 1992; O'Neil & Egan, 1992). They believe that this factor inhibits men from making the changes necessary in adolescence for developing healthy relationships with women. Pollack (1992) has found that young boys are punished for behaving in "feminine" ways. He believes that in adulthood this leads to a fear of intimacy and feminine behaviors, such as empathy. Lott (1990) concluded from her research that sexual harassment and other discriminatory behavior towards women stem from men's unconscious need to distance themselves (a fear reaction) from women physically and psychologically.

Another area of research that should contribute powerfully to breaking down male-female abuse is the study of aggression and violent crime. The continued rise of violence and aggression in the United States and elsewhere is fueling concern and action to see what can be done to stop it (Lore & Schultz, 1993). There is evidence that violence in the family contributes to more violence, both in the victims' successive families (Fagan, Steward & Hansen, 1983; Straus, 1983) and in the streets (Fagan et al., 1983). Since women have disproportionately been the victims of this aggression, they will likely benefit from policies and awareness which hopefully will follow the study of violence and aggression and how our society fosters it.

As scholars, scientists and interventionists, we in the social sciences have focused a great deal on the study of abuse and the myriad of suffering that results from it. Studying abuse both helps to counteract society's denial of abuse, which contributes to its occurrence, and helps in the exploration of preventative interventions. Nevertheless, we also need to remember to study positive power interaction, whether they be between males and females,among different races, or between any different people. Studying supportive power interactions would help to provide positive models for behavior, and the reinforcing effects of public attention would likely increase the incidence of positive male-female (and other) interactions.

Summary

In this article, we have provided a taxonomy of male-female power-based interactions along a continuum. The abuse continuum described ranges from behaviors which are not actively or consciously destructive but which serve to maintain the status quo of discrimination against women, to severe and extensive violence against women such as that which can occur in war. The categories described in this article are not intended to be rigid absolutes, but rather are shared to provide a conceptualization for understanding the impact of the widespread incidence of abuse of women by men.

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12 Reasons Why an Adult Would Falsely Accuse Her Parents of Incest

-Lynn Crook (adapted from Jezanna Rainforest's)

1. She needed another reason to stay in therapy.
2. She wanted to be discredited by journalists, talk show hosts, radio interviewers, memory experts, friends, and family members.
3. She decided, for a change of pace, she would begin to experience bouts of intense suicidality.
4. She thought it would be a good idea to experience first hand what a mental institution was like.
5. She wanted to get back at her parents for the supportive, caring things they had done for her as a child.
6. She wanted an excuse to not have sex with her partner.
7. She wanted to meet new people with similar interests.
8. She got worried her self-esteem was too healthy and decided she'd like to rectify the situation.
9. She wanted to be different, special, and get lots of attention by becoming depressed.
10. For a change of pace, she wanted to experience anxiety attacks so that her heart would race and she would have difficulty breathing.
11. Her Christmas list was getting too long and she wanted an easy way to eliminate some of the names.
12. She wanted somebody to blame for her panic attacks, compulsiveness, depression, and sexual dysfunction.

A UNIVERSITY-BASED WORKSHOP IN INTERDISCIPLINARY APPROACHES TO CHILD ABUSE AND NEGLECT

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In its first report, "Child abuse and neglect: Critical first steps in response to a national emergency," the U.S. Advisory Board on Child Abuse and Neglect (1990) acknowledged the child protective system to be a complex web of social service, legal, law enforcement, health, mental health, educational, and volunteer agencies. The report called for a new, national, child-centered, neighborhood-based child protection strategy. Among the report's sweeping recommendations, multidisciplinary approaches to child abuse and neglect were emphasized. There was, for example, a call for multidisciplinary approaches to build knowledge and offer assurance that practitioners, policymakers, and the general public (especially parents) have readily available and continuous access to comprehensive, consistent, state-of-the-art information on child abuse and neglect. Recommendation was given that all public agency child protective services caseworkers systematically receive adequate pre-service and in-service continuing educational training. Physicians, social workers, judges, and attorneys commonly enter the field without any formal education with regard to child maltreatment; therefore, it was noted that professional personnel involved in legal proceedings (judges, lawyers, and court support staff) need greater educational opportunities.

In addition, the Board viewed the educational system as an essential part of a multidisciplinary approach for the protec-tion of children. The need to establish and strengthen the role of every public and private school in the nation in preventing, identifying, and treating child abuse and neglect was stressed. The absence of curricula and training at colleges and universities regarding child abuse and neglect was also indicated. The Board called for researchers to foster the development of knowledge of child abuse and neglect in order to improve the child protection system and disseminate such knowledge. Finally, the Board recommended that comprehensive, multidisciplinary child abuse and neglect treatment programs be available to all who need them.

Universities appear to be in a unique position to respond to many of the report's recommendations. The present paper includes a description of a university-based workshop which was developed to provide training to interdisciplinary participants. Previous workshops reported in the literature had been limited in scope and audience. For example, success in enhancing awareness among teachers following workshops regarding child abuse (Hazzard, 1984; McGrath, et al., 1987), and child sexual abuse (Hazzard & Rupp, 1986; Kleemeier, Webb, Hazzard, & Pohl, 1988) has been reported. The primary focus of these workshops was the identification of victims and the legal reporting requirements; intervention strategies were not generally a training component. Participants have typically been teachers. Tennant (1988) has recommended the inclusion of parents in teacher workshops on child sexual abuse to overcome community resistance to preventive sexual abuse programs in the schools. The focus of the workshop described below, however, was to provide interdisciplinary training in multidisciplinary approaches to child abuse and neglect.

The report by the U.S. Advisory Board on Child Abuse and Neglect (1990) indicated the need for development of models of interdisciplinary training for child maltreatment issues. Brown, Pryzwansky, and Schutte (1987) presented a conceptual model of the functioning of human service professionals derived from the works of Morril, Oetting, and Hurst (1974) and Brown, Wane, Blackburn, and Powell (1979). The cubic model consists of four targets of intervention (individuals, groups, organizations, or communities), three purposes of intervention (primary, secondary, and tertiary prevention), and three methods of intervention (informational, consultation, and direct) (Figure 1). Universities would appear to be particularly suited to coordinate the training of professionals from various disciplines in the maltreatment of children. This university-based workshop was developed to provide training to interdisciplinary participants across each dimensions of the cubic intervention model.

Method

Participants

The workshop had 21 participants (17 White participants and 4 African Americans). The age ranged from 20 to 47 years. Current work positions, discipline of training, and degree status of participants are reported in Table 1. Sixteen guest speakers from the community were chosen in an effort to provide information about services, to enhance networking, and to represent the continuum of services utilized in the identification and treatment of maltreated children, families, and the perpetrators of child maltreatment. The speakers were categorized to represent each of the three purposes of intervention (see Table 2). Boundaries used to classify each speaker's purpose of intervention were somewhat arbitrary. For example, pediatricians regularly provide primary, secondary, as well as tertiary interventions. Assignment in Table 2, therefore, was determined by the "primary" content of each specific presentation in the workshop. It should be noted that all of the invited speakers agreed to participate in the workshop.

Table 1. Current Position, Discipline, and Degree Status of Participants in Workshop (N = 21).

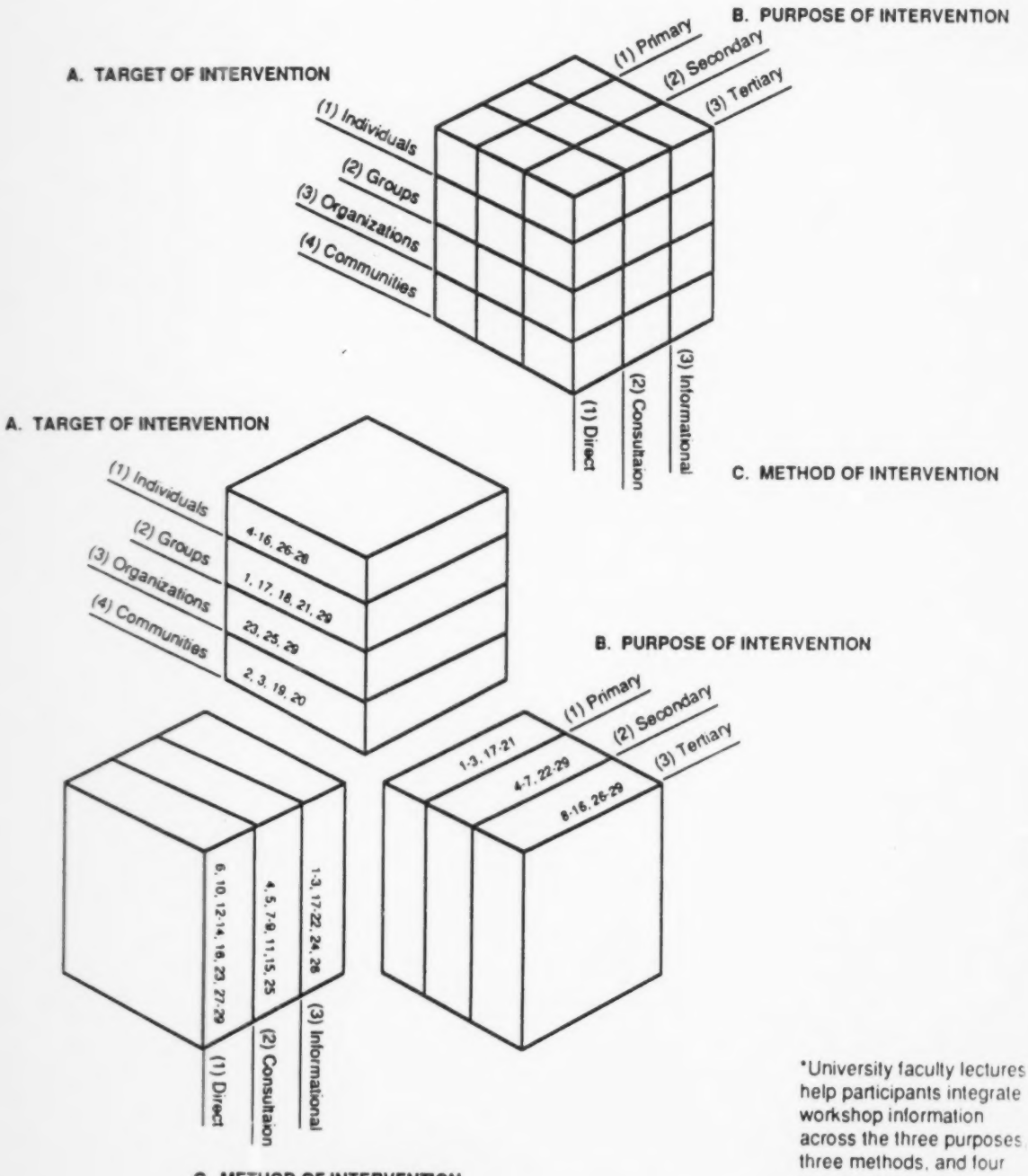
	Number
Current Position:	
Full-time Student	5
Counselor	5
Teacher	5
Social Worker	4
Agency Director	2
Discipline:	
Education	8
Social Worker	6
Psychology	4
Counseling	2
Criminology	1
Degree Status:	
Undergraduate	3
Bachelors	14
Masters	4

Rationale for Workshop

The purpose for developing the university-based workshop was, in part, to empower local providers of child maltreatment services. Several problems were identified, including the absence of networking among agencies and individual providers of services

Figure 1. Purposes, Targets, and Methods of Interventions Used by Teachers, Counselors, Psychologists, Social workers, and Other Human Resource Workers *(Brown, Pryzwansky, and Schutte, 1987)*

Charts represent principal categorization of speakers and participant projects (see Table 2) by: A) target of intervention, B) method of intervention, and C) purpose of intervention.*



*University faculty lectures help participants integrate workshop information across the three purposes, three methods, and four targets of intervention

within the community. To support this preliminary hypothesis of deficient community networking, local professionals were contacted and interviewed by workshop leaders. (This interviewing procedure was conducted at the beginning of the workshop with participants providing further confirmation of the leaders' hypotheses.) This informal investigation resulted in confirmation of interdisciplinary concerns, indicating strained communications between various concerned parties, and difficulty in determining which agencies or professionals were responsible for the various aspects of prevention, adjudication, or response to child maltreatment.

Table 2

Speakers Representing Primary, Secondary, and Tertiary Purposes of Interventions.

Primary

1. County Sheriff/SchooPrevention Program
2. President of County Citizen's Chapter for Prevention of Child Abuse
3. Director of State Office of Prevention of Child Abuse

Secondary

4. Hospital Social Worker
5. Director of Host Homes
6. Director of Victim's Assistance
7. Director of School At-risk Program

Tertiary

8. Juvenile Magistrate
9. Juvenile Detective
10. Pediatrician
11. States Attorney
12. Director of Adolescent Sexual Perpetrator Program
13. Director of Women's Shelter
14. Director of Inpatient Psychiatric Ward
15. Court-Appointed Child Advocate
16. Therapists/Counselor

In contrast to typical convention workshops, which draw experts from a national or international pool of presenters, the university-based workshop provided a unique community forum. The premise underlying this approach was that community networking would hold solutions for local professionals actively providing primary, secondary, and tertiary levels of child maltreatment services. It was further posited that if the parties involved in child maltreatment could be brought together in a workshop format, informal networking could occur within the context of a university. In some cases, the neutral territory of a university provided an arena in which sharing of resources had not been previously possible. According to reports from participants, prior attempts of informal meetings had provided neither productive nor positive interchange. The major strengths of a university based workshop format relate to the community context. Interchange between professionals from conflicting schools of thought (e.g., punitive versus rehabilitation versus prevention) was mediated in a neutral university-based workshop.

With regard to the composition of the workshop participants, it was initially posited that a heterogenous group would provide greater possibilities for positive outcome. A combination of heterogeneity and homogeneity was employed in order to maximize positive outcome. Homogeneity was achieved by offering the workshop to participants with similar levels of professional development as defined by educational attainment and a mutual concern for child maltreatment. Heterogeneity was achieved by offering the workshop to a wide variety of professionals who would bring divergent perspectives of child maltreatment issues to the workshop (e.g., educators, graduate students, legal personnel, mental health providers, and agency directors).

Description of Workshop

The workshop was designed to provide practical information about child abuse to counselors, teachers, administrators, child protective services caseworkers, mental heath professionals, and others who work with children and families. The workshop consisted of four parts: (1) Signs, Symptoms, and Associated Features; (2) Legal and Ethical Issues; (3) Methods of Intervention; and (4) Individualized Projects for the participants.

Signs, Symptoms, and Associated Features.

During this part of the workshop, the history and a definition of child abuse were presented which were followed by a discussion of parental and contextual influences of maltreatment. The developmental consequences of child maltreatment were described in ways that would be useful to the educator or mental health professional. Increased awareness regarding signs, symptoms, and developmental consequences emphasized to participants the importance of primary, as well as secondary and tertiary interventions by individuals, groups, organizations, and communities.

Legal and Ethical Issues.

Because professionals who work with maltreated children are faced with many legal and ethical issues, information regarding current statutes was presented. Discussion of the responsibilities of counselors, teachers, administrators, attorneys, and judges included examination of a variety of ethical scenarios.

Methods of Intervention.

The role of schools and agencies in addressing child maltreatment wasdiscussed. Theories and practices of various methods of intervention regarding abusive families were presented, with an emphasis on practical steps that the professional could take. Discussions included those variables which determine the type of method (direct, consultation, or informational) and purpose (primary, secondary, or tertiary) of intervention. Participants were encouraged to offer particularly troubling cases from their own work for "brainstorming" sessions included in the workshop.

Individualized Projects.

During the workshop, each workshop member developed an individualized project that had practical use and meaning for the participant. Workshop leaders assisted the participants with their projects. When planning their projects, participants were also encouraged to consider the target, purpose, and method of intervention while recognizing that, in reality, boundaries are much less defined. In-class presentation of the projects allowed opportunity for participants to gain further insight into specific abuse-related topics.

Group Structure

The group met daily for three weeks. Initial group structure has been found to encourage task relevant behavior, constructive behavior, depth of processing, reduction of anxiety and regression (Fuehrer & Keys, 1988; McGuire, Taylor, Broome, Blau, & Abbot, 1986; Neimeyer & Merluzzi, 1982; Yalom, 1985). For this

Table 3

Participant Projects (# completed) Categorized by Primary, Secondary, and Tertiary Purposes of Intervention.

Primary

1. Development of Child Abuse Inservice for teachers (5)
2. Academic paper regarding need for training in cross-cultural/ethnicity issues in child rearing (1)
3. Recording of radio and television public service announcement (1)
4. Development and implementation of child abuse awareness information in university family housing (1)
5. Academic paper regarding school identification of satanic practices (2)

Secondary

6. Development and dissemination of quick reference sheet for reporting child abuse for use by professionals (1)
7. Development of written policy statement regarding abuse issues for use by a school district (1)
8. Development of community directory of professional resources regarding child abuse (3)
9. Proposal regarding how Employee Assistance Programs can alleviate/ prevent child abuse (1)

Tertiary

10. Annotated bibliography for professionals regarding foster care (1)
11. Story book for children who have been abused (2)
12. Academic paper on rape (1)
13. Review of treatment procedures for inpatient child psychiatric unit (1)

reason, the design of the workshop included initial group structure to foster a working alliance. Because continued high levels of srucure are inversely related to sucessful group functioning (Fuehrer & Keys, 1988) and contuned growth of the group (Neimeyer & Merluzzi, 192; Yalome, 1985), level of structure was redueced gradually over the tyhree weeks. Many of the sessions were emotionally charged. Therefore, daily closure of group issues was emphasized to encourage group development and provide for the psychological safety of group members (Yalom, 1983).

Workshop Process

The workshop was designed with the subjective, affective experience of the particpant in mind. Paricipants were catutioned in advance that information and learning expereinces in the worikshop could be personally distressing and could possibly tirgger memories of personal events or trauma. Participants were encouraged to seek support form workshop leaders if distress was expereinced and follow-up support was also offered. Initailly ;, legal and definitional issues regarding child maltreatment were presented followed by actuarial and research findings. Introduction of the topics of physical abuse and neglect preceded in-depth discussions of these issues. At the ;midpoint of the three week workshop, the topics of sexual abuse, incest, and rape were examined. The final four days of the workshop were reserved for the presentation of individualized projects (Table 3) and for recapping the workshop experiences, allowing participants time to discuss emotionally-ladened topics. Workshop leaders attempted to address termination issues by holding termination exercises, meeting with participants individually, and offering follow-up services (e.g., consultation).

Results

Speaker and Participant Projects

Speakers and participant projects are listed and categorized in Tables 2 and 3 by primary, secondary, and tertiary purposes of intervention. These are further categorized in Figure 1 by target and method of intervention. Figure 1 illustrates the conceptual model taught to workshop participants. By having all parts of the intervention cube represented by the various speakers and projects, participants should have gained greater understanding and integration of the training model. It should be noted that five participants developed workshops to be conducted at their own work sites.

Workshop Evaluation

At the conclusion of the three week workshop, participants were asked to rate how they perceived themselves before the workshop in each of the following areas: 1) knowledge concerning child abuse; (2) knowledge of community resources with regard to child abuse; (3) ability (efficacy) to use community

Table 4

Participants' Pre-Test, Post-Test, and One Year Follow-up Responses on their Knowledge and Efficaciousness on Issues of Child Maltreatment.

Topic Areas	Pre-Test M	Post-Test M	1-Year M	Pre-Post t
1. Knowledge concerning child abuse.	2.43	3.95	3.47	-8.58***
2. Knowledge concerning community resources in regard to child abuse.	2.10	3.90	3.47	-8.93****
3. Ability (efficacy) to use community resources in regard to child abuse.	2.14	3.86	3.79	-9.30****
4. Ability (efficacy) to intervene (provide services or conduct training) in cases of childmaltreatment.	2.19	3.81	3.41	-9.22***

***p < .001. ****p < .0001. 5 point Likert scale used

resources wuth regard to child abuse; and (4) ability (efficacy) to intervene (provide services or conduct training) in cases of child maltreatment. Similarly participants were asked to rate themselves after experiencing the workshop on the same four areas. A four-point Likert scale (1-poor, 2-moderate, 3-good, 4-very good) was used. Results of paired t-tests for differences between Pre-test and Post-test workshop responses indicated that participants' rating significantly improved in each of the four areas (Table 4). In fact, post-scores approached the upper limit of the scale (Very Good).

Seventeen of the 21 participants responded by mail to a one-year follow up questionnaire (81% return rate). These data reflected general maintenance of rating gains in the four areas evaluated. The mean ratings from the one-year follow-up are shown in Table 4. Unstructured written narratives from participants at the one year follow-up were encouraging. Of the 17 respondents, 11 mentioned having used their project, three had conducted workshops or inservices, seven had shared information form the workshop with co-workers, six noted that information from the workshop had assisted them in identifying specific cases of child abuse, six commented on improved professional networking, and one respondent had successfully written two funded grants.

Summary

This workshop was a formative attempt to implement university-based interdisciplinary training for child abuse and neglect interventions. The model of interdisciplinary training used in the workshop was the intervention cube conceptualized by Brown et al., (1987), and it was quite useful. The major purposes of the workshop were to empower professionals who work with children and to increase awareness of the various roles in the complex web of the child protection system. With respect to the former, evaluation of the workshop by the participants indicated they felt more knowledgeable and efficacious regarding child maltreatment and community resources following the workshop. These gains were maintained at the one year follow up. With regard to the latter purpose, the authors have often observed from their involvement in child maltreatment cases professional conceit and an unwillingness to cooperate among the disciplines. This conflictual relationship among the various professions was the reason behind the intentional recruitment of participants from different disciplines.

The heterogeneity of disciplines contributed to participants reporting a great understanding of the roles of other professionals and the specific problems each face. Furthermore, participants enthusiastically endorsed the workshop as a professionally enriching experience.

There are two concerns regarding the design and outcome of the workshop. Although several participants and the workshop leaders were parents, the oversight of inclusion of parent and parent groups as presenters is a limitation to the workshop's structural design. Another relevant concern would be whether the activities were the outgrowth of only the workshop or other factors. Certainly there were several confounding factors, such as time, interaction with other subjects, and exposure to additional treatments (e.g., readings, workshops, additional training experiences, and clinical experience). However, these issues were the stated objectives of this particular approach. In fact, at one year follow-up there were suggestions that significant contact and interaction has occurred among workshop participants.

Additional research into interdisciplinary training, multidisciplinary approaches to child maltreatment, and generalization of training is needed. Universities are in a unique position to respond to the national emergency of child abuse and neglect as reported by the U.S. Advisory Board on Child Abuse and Neglect (1990). The continued development of training and intervention models will help meet the challenge.

We thank Adam Tanzer, Cheryl Warner, and Erin Williams for editorial assistance.
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An Event-focused Model for Preparing Children to Testify in Court

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Testifying in a court of law is not an easy thing we ask children to do. It involves sharing the most intimate details of their sexual molestation not only in front of a room full of strangers, but also in front of their abuser. Instead of talking about it naturally, they must answer only the questions asked of them. Two people will ask these questions: the prosecutor will try to ask questions in an organized, friendly way while the defense attorney might be hostile and may even try to trick them.

Fortunately, only a small minority of children who disclose sexual abuse testify in criminal proceedings (Lipovsky, 1994; Peters, Dinsmore, & Toth, 1989). Each year in our jurisdiction, more than 90% of the 450 child sexual abuse cases referred to the prosecutor's office resolve without a criminal trial, and 20-35 cases go to trial. For those few children who do testify, the hardships can be minimized or spared by using either one or a combination of two approaches.

One approach tries to eliminate the need for victims to testify in face-to- face confrontations with the defendant, usually by substituting closed circuit testimony. However, to justify the use of closed circuit in some locations, psychologists have been asked to evaluate child victims to determine whether they would be traumatized by testifying in front of a defendant (Small & Melton, 1994). A psychological evaluation can further compound and extend the criminal justice process for child victims.

A second approach, emphasized in our jurisdiction, attempts to minimize hardships by making court procedures more comfortable for children and by preparing children to testify in court (Saywitz, Moan, & Lamphear, 1991; Whitcomb, 1992, Wolfe, Sas, & Wilson, 1987). This approach is based on the strategic thought that in-court testimony is more credible to a jury, and on the victim-centered belief that children's chances to testify, and their preparations for those events, can be positive, healing and empowering experiences.

This approach recognizes that participating in the criminal justice system is inherantly stressful for child victims and their families. The inevitable waiting and ambiguity are anxiety producing. For some, the unavoidable anticipation of testifying is as difficult as actually testifying. Some youngsters stated that testifying was not as bad as they thought it would be (Lipovsky, 1994).

The event-focused model is one in a range of innovations designed to minimize system-induced traumas (Berliner, 1990; Goodman, 1992; Lipovsky, 1994; Runyon, Everson, Edelson, Hunter, & Coulter, 1988). The model helps children approach testifying as a unique challenging event which can be mastered. It involves the prosecutors, advocates, children and their parents in preparing the child to peak while testifying. Peaking means being able to give the fullest, most substantial and emotionally freshest disclosure while testifying. It requires that children bring to the task their own optimum level of anxiety, their strongest senses of self and of support, and their best ability to focus. When children peak, there is a sense of naturalness and flow in their disclosure which grows from the congruity between their feelings and the subject matter.

The model asserts that some children are likely to peak while testifying, and to gain something positive from the experience when the preparations help them develop and employ particular attitudes, skills and relationships.

Attitudes

Testifying is a unique and challenging event which can be mastered. It is the criminal justice system professionals' responsibilities to investigate, decide whether to charge a case, and, if charges are filed, to prosecute the defendant. It is not the children's job, or their parents' job, to "press charges" or to "prove it". The prosecutor is somewhat dependent upon children. They need children, and their parents, because the children are "experts" on what happened to them in some respects.

While children are the experts, the prosecutor needs them only to tell the truth as they remember it on the day they are asked about it. Reviewing statements made to the police is done to refresh children's memories about a personal experience. It is not cramming for a test. Child victims know what they know.

Although it's an event, testifying is a point in the disclosure process. The interviews leading up to testifying are also part of the disclosure process. The skills and sensitivities of the interviewers, and efforts to make interviews sequential rather than repetitive, are as important as limiting the number of interviews.

Child victims are sometimes sensitive to the discomfort their disclosures create in the adults who hear them, and will disclose only to the pain level they believe the adults can tolerate. Excessive efforts to limit or reduce the number of interviews may, without meaning to, send a message that the incidents are too painful to discuss. In contrast, well done interviews can sometimes be a part of developing or recovering a sense of mastery after being victimized (Lyons, 1987).

Obviously, these attitudes must be held by the adults in the system as well as developed by children and their families who are victims and witnesses in child abuse crimes.

Skill Development

Choosing goals children can achieve and control

The event-focused model, drawing on a sports psychology model, helps children set process-oriented goals which are important to them, which they can control and which reflect their individual roles in a team effort (Fixx, 1985; Nideffer, 1985). Further, youngsters who testify can set personal goals which are independent of a final score, or verdict. One preteen victim, for whom the boundaries had blurred between many aggressive assaults by his step-father, was asked by an advocate how many different assaults he could distinguish in his own mind. The prosecutor filed charges and built the trial around the three assaults the victims could distinguish and describe in some detail.

Helping children define individually achievable goals underscores that they have important but controllable and limited witness roles in collective trial efforts. Further, achieving their goals may help obtain, but may not result in, convictions.

Managing anxiety

People vary in how their anxiety levels affect their performance. Most performers have an optimum level of anxiety which enhances their performance, while anxiety straying too far above or below their optimum inhibits them (Browne & Mahoney, 1984; Gould, Horn, & Spreeman, 1983). This model focuses on sorting out children's anxieties from those of other members, and helping each person manage his or her anxiety in non-contagious ways.

Parents' Anxiety

Abused children can be hypersensitive to their parents' anxieties. Further, emotional support from nonoffending parents can mitigate both long-term damage and short-term difficulties of testifying (Finkelhor & Browne, 1985). Parents can be guided toward identifying their own anxieties, distinguishing between their anxieties and those of their children, and then managing their own. The following explanations to parents can be helpful in sorting out anxieties.

First, children are often anxious about different things than are adults. However, if children "catch" their parents fears, it makes testifying more difficult. Second, both children and parents can have their own support person with them on the day of the trial. Third, parents and children can be directly asked if there is particular information they are concerned about revealing. In one case, clarifying parents' concerns that the abuser had also been their supplier of drugs allowed the prosecutor to work around that information and still address the abuse. During her testimony in another case, a five year old answered "no" to the prosecutor's warm up question, "do you have any pets?" During a court recess, her mother explained her daughter was confused because of instructions to not tell the landlord about her cats. With that clarification, the child testified accurately in the trial. Fourth, parents can be helped to discriminate between their feelings about the assault of their child, on one hand, and their own strong feelings aroused by watching their children in a demanding, competitive event--in this case, a trial--on the other (Martens, 1980). Fifth, parents can also be helped to make specific schedule adjustments before an event. Children benefit from increased playtime and recreation, and from fewer chores and less homework, in the time period surrounding major events such as testifying (Bloom, 1985).

Children's Anxiety

Children manage their own anxieties about performing in different ways. Often youngsters can describe ways they already know to control their nervousness, and then be helped to generalize their methods to testifying. This also helps normalize the event of testifying. One 12 year old said his hands sweat before a piano recital and his mouth gets dry before giving a talk in class. He knew deep breathing helped in both cases, and that drinking water helped with his dry mouth. He also knew that once he begins performing, his anxiety diminishes. He applied his existing anxiety management skills to testifying.

Some tools for managing anxiety are more dramatic. One 10 year- old victims was terrified of her father, who had attempted to kill her. Acting as his own attorney, he insisted he had the right to directly ask her questions during cross examination. Neither the child nor the court had reason to believe her father would obey the court instructions to ask his questions through an attorney appointed as his assistant. Specific permission was obtained from the judge for her to leave the court room if her father said one word directly to her. The judge said the defendant would, if he spoke directly to her, automatically waive his rights to further cross examination. This permission signaled to the victim she had significant control of how she was treated in the court room.

If necessary, children who are going to testify can learn new, simple anxiety management skills. Children often learn new skills better when they understand why they work. For example, some children learn to do deep breathing when they know most nervous people breathe shallow, which moves less oxygen to the brain. Deep breathing results in more oxygen getting to the brain. Armed with this knowledge, one nine year old girl was asked by a defense attorney what an advocate had told her about testifying. She answered, "...listen to the question, breathe deep, tell the truth."

Mental Rehearsal

Mental rehearsal or visualizing is a widely accepted preparation for some kinds of sports performances, and is useful here as well (Browne & Mahoney, 1984; Fixx, 1985). Helping children mentally rehearse for testifying has almost nothing to do with the substance of testimony and almost everything to do with open-ended contingincies. Children are unfamiliar with the open-ended contingincies of a trial (i.e., detailed questions which must be answered in front of a judge, jury, and most importantly, the abuser; long waiting periods, delays, and interruptions; uncommon language and behavioral rules, and hostile voice tones).

Visualizing these contingencies can be done while visiting an empty courtroom with the therapist or advocate. It is important to most young victim witnesses to see where the defendant will sit in comparison to where they, the victim will enter and sit. Many victims will visibly relax when they see the physical barriers between them and the defendant, and hear about people who will be present to protect them. They gain from knowing the defendant may be quiet and listen to them as they talk, and that the defendant will probably be on his/her best behavior because the jury will be watching him/her.

Children can also role play various parts of a trial, sit in different courtroom positions, talk through the microphone and learn the titles and job descriptions of all court staff. They can be taught how and who to ask for a drink of water, for a break, to go to the bathroom, and how to say they do not understand a question or know an answer.

Children can be helped to peak while testifying by understanding it is not their job to think about where a question is going, or about what they have said before. Rather, they can be instructed to answer each question with the truth the "way you know and remember it that day".

Developing the Relationships

Like successful treatment, prosecution is impacted by professionals' respect for individual victims, and by the adults' abilities to tolerate the emotions which are aroused in themselves (Herman, 1986). Peaking during testimony means that a child witness discloses serious abuse with congruent affect. To do so, children must feel assured that the adults can tolerate the pain in them which is aroused by the pain in the children.

This assurance evolves over time as the prosecutor and advocate talk with each child, as they teach the skills and attitudes which will help the child testify, and as their careful listening validates the child's worth and pain. The event-focused model also acknowledges children's need to feel the system's strength by controlling their assailants while they testify, and its ability to help children understand the proceedings by teaching them the skills they need to describe their experience to the court.

These complicated relationships between child victims, deputy prosecutors and advocates can help children develop resiliency to succeed in other difficult situations. The resiliency-building relationships are marked by emotional support, high expectations and skill development (Western Regional Center, 1991).

After investing the time together before a trial, the in-court direct examination of a child victim by the deputy can be

an emotional and supportive encounter between a pained and embarrassed youth and a helping adult who the child has come to trust.

Summary

A number of models help neutralize some difficult parts of the trial process for children and help children manage the stress of testifying. The event-focused model described here has helped some victims of child abuse prepare to testify by developing and employing particular attitudes, skills and relationships. The attitudes include viewing testifying as a uniquely challenging event which can be mastered, considering themselves to be experts on what has happened to them and building a sense of confidence. Attitude development is a thread running through skill and relationship development. The skills include setting controllable goals, managing anxiety and mentally rehearsing the trial context. The relationships are those among the child, his or her family and friends, the deputy prosecutor and advocates. This approach has encouraged some child victims to give their fullest, most emotionally fresh disclosure while testifying.

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Networking

President Announces Grants to Combat Violence Against Women

In the latest move to implement the 1994 Crime Act amid Congressional calls to cut its funding, President Clinton announced grants to all 50 states totaling $26 million that will help communities fund women's shelters and crisis centers, hire prosecutors, rape crisis therapists, victims's advocates, and fund domestic violence hotlines. He also announced that former Iowa Attorney General Bonnie Campbell would coordinate Administration initiatives to fight violence against women.

Although crimes against women are rising faster than the total crime rate, funding for the crime bill's Violence Against Women Act could be jeopardized by calls in Congress to take $5 billion from the Crime Control Trust Fund--a cut of one-sixth from the total Congress promised police and the American people last year.

Earlier in March, following protests from Attorney General Reno and Human Services Secretary Shalala, the House Appropriations Committee retreated from plans to cut off funding for the crime bill's National Domestic Violence Hotline.

Clinton announced that $26 million in Crime Bill STOP Grants (Services, Training, Officers, and Prosecution) would be made available. Each state can receive up to $426,000 to add law enforcement, prosecutors, and victims services that address violence against women. Depending on how the grants were used, the $26 million could provide:

- more than 100 crisis centers serving 40,000 victims a year;
- 400 new prosecutors to specialized domestic violence or sexual assault units;
- 400 rape crisis therapists and victim advocates;
- nearly 600 volunteer coordinators to help run domestic violence hotlines, or
- states can also use STOP funds for important discretionary items like lighting for unsafe streets, parks and paths.

(*Community Policing Digest*, Vol.1, No. 7, April 1995)

"Family Viewing" Cable

Reps. Tony P. Hall (D-Ohio) and Christopher H. Smith (R-NJ) introduced the "Family Viewing Cable Television Act of 1995" (H.R. 1540), a bill to require cable television operators to offer a basic subscription package that did not include channels that carried pornography. Premium or pay-per-view cable channels would not be affected by the legislation because cable subscribers already have the option of not purchasing those channels.

Under the Hall-Smith legislation, anyone who knowingly disseminates indecent material would be subject to two years imprisonment and fines. The legislation is supported by the National Law Center for Children and Families, a non-profit organization which litigates pornography-related cases before the Supreme Court and other federal courts. Other pro-family organizations have expressed support.

(*The Tony Hall News*, May 2, 1995)

Most Teachers are Unaware of Signs of Sexual Abuse in Children

A study of teachers' knowledge of the signs of sexual abuse in children found that 75 % could not recognize such signs even in the most obvious cases, reports the *Harvard Education Letter* in its March/April issue. Most of the teachers in the study, by Thomas McIntyre of Hunter College, said they had never had an abused or neglected child in class. Yet abuse is rampant. David Finkelhor of the University of New Hampshire, a recognized expert in the field, reviewed 19 studies published since 1983 and concluded that at least 20 % of American women and between 5 and 10 % of American men were sexually abused in childhood by an adult .

Finkelhor and other researchers see evidence of a "backlash" in current attitudes toward child sexual abuse, reports the Letter, "led by sensationalized news stories about miscarriages of justice in child welfare practices." This backlash magnifies the effects of ignorance and indifference towards a catastrophic situation affecting millions of children.

The *Letter* reports that chronic physical or sexual abuse impairs children's social development. Bessel van der Kolk of Harvard Medical School believes that such trauma creates physiological changes in the central nervous system that may manifest themselves as learning disorders. Abused children, researchers say, have impaired verbal ability, speak fewer sentences, use fewer words, and do not enjoy inventing stories as much as other children.

Educators in all 50 states are required by law to report suspicions of abuse, yet only 10% of abuse and neglect reports originate in schools. Though the signs of abuse are not always easy to see, the *Letter* provides basic descriptions of the most common indicators and calls on school administrators "to mobilize teachers to become active protectors of children at risk."

(Cover letter from *The Harvard Education Letter*, March 1995)

New Consultation Line For Professionals & Survivors

Working in the Vineyard presents two new consultation lines for professionals and survivors. The lines are meant to be an educational service only and not for counseling purposes. Professionals and survivors will receive the same information. Discussion topics are:

- Dealing with male and female abuse issues
- Identifying MPD/SRA issues
- MPD/SRA system mapping and analysis
- Sadistic Ritual Abuse - Resources
- MPD/SRA mental images and effects
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- Color and graphics structure
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Violence Towards Children Study

More babies and young children die at the hands of their parents than in car accidents, house fires, falls or drownings, a Federal panel reported April 26.

In the most comprehensive national study of the extent of child deaths by parents and other caretakers, the U.S. Advisory Board on Child Abuse and Neglect found that violence in the home is as much a danger to young children as street gunfire is to teenagers.

At least 2,000 children, the vast majority age four and younger, die every year of abuse and neglect, the panel said. An additional 18,000 children are permanently disabled and 142,000 are seriously injured.

Most physical abuse fatalities are caused by men who are enraged or under extreme stress--fathers, stepfathers, boyfriends or other male caretakers, the report said.

Deaths from abuse and neglect of children age four and younger outnumber those from falls, choking on food, suffocation, drownings, residential fires or car accidents. Motor vehicle accidents kill about 1,000 preschoolers, infants and toddlers a year.

The panel also found that deaths due to child abuse and neglect are often wrongly identified as accidents or as the result of natural causes because police, physicians and coroners are largely untrained in identifying evidence of inflicted trauma and severe neglect in children.

(*Community Policing Digest*, Vol. 1, No. 8, April, 1995)

A Good Idea!- Domestic Violence Emergency Cards for Police

Police officers are often the first on the scene of a domesitc dispute. They rarely have time to give all the necessary information to possible domestic violence victims. Thanks to a Board Member of The Women's Shelter of Arlington, Texas, Arlington police officers are now carrying small emergency cards to give to domestic violence victims.

The cards list emergency and non-emergency numbers of helpful services for victims of domestic violence. The flip side lists abusive behavior, defines abuse and has a hotline number.

(*Window on the Women's Shelter*, Vol. 5, No.2, 1995)

House Votes to Increase Prison Terms for Child Pornography

People convicted of Federal child pornography or prostitution offenses would receive longer prison terms under a measure approved by the House. It was one of two Republican bills aimed at reinforcing family values that passed April 4 as the House GOP sped through the final items on its "Contract With America" agenda.

The Sexual Crimes Against Children Prevention Act, directs the U.S. Sentencing Commission to change its guidelines to lengthen the range of sentences for child pornography and prostitution. The lawmakers also passed a measure that would require Federal agencies to get consent from parents before surveying minors about sex or religion. It also would require parental permission to ask children about psychological problems, illegal behavior or their parents' political beliefs.

Under the new bill's guidelines, the sentence range for a first-time offender convicted of producing pornography would be 70 to 87 months, up from the current 57 to 71 months. The range for a first-time offender convicted of trafficking in such pornography would be increased to 24 to 30 months, from the current 18 to 24 months. Sentences for transporting children across state lines for prostitution or other criminal sexual activity would jump to 30 to 37 months, from 21 to 27 months now.

This was the second time in recent years that Congress had directed the Sentencing Commission to toughen penalties for trafficking in child pornography. The penalties previously were increased in November of 1991.

(*Juvenile Justice Digest*, Vol. 23, No. 8, April 1995)

International Statistics

Twenty-three percent of husbands in Beijing have beaten their wives, according to a recent survey conducted by the Beijing Marriage and Family Affairs Research Institute, and all couples surveyed say they have considered divorce at some time. The survey also found that less than half of couples say they are happily married. The Associated press reports that there are no battered women's shelters in all of China. Beijing will be the site of the United Nation's World Conference on Women this coming September.

Meanwhile, Canada has recently introduced legislation to prevent drunkenness from being used as a defense in cases of physical and sexual assault. The move was in response to women's outrage over a Supreme Court ruling that a man charged with raping a 65-year-old disabled woman could claim that he was too drunk to realize what he was doing.

(*News from the Homefront*, Spring/Summer 1995)

NCPCA Releases 1994 Statistics- Child Abuse Rates Remain High

Based on data collected from an annual survey of child welfare officials in all 50 states and the District of Columbia, statistics suggest child abuse and neglect continue to pose a major threat to the well-being of the nation's children. The study counts the number and characteristics of child abuse reports, the number of child abuse fatalities, and changes in the funding and scope of child welfare services.

Reports of child abuse continue to climb at a steady rate. Last year, child abuse reports rose 4.5% exceeding 3.1 million in 1994. A similar increase in the number of substantiated cases also occurred, with over one million new cases entering child protective services caseloads last year. Unlike past years, the proportion of cases involving various forms of maltreatment were essentially the same among the reported and substantiated cases, suggesting that a greater number of neglect cases and fewer child sexual abuse cases entered the system last year as compared to prior years. Of those cases that were substantiated, approximately 72% received some form of service and 14% of the cases involved the use of foster care.

Child abuse fatalities remain high. An estimated 1,271 children were killed last year as a result of child abuse or neglect, approximately three children a day. Looking across the past three years, 45% of these fatalities involved children who had current or prior contact with local protective service agencies. The vast majority of these cases (88%) involved children under the age of five and almost half were under the age of one (46%). Despite the increased implementation of

child death review committees and administrative attention to the issue of child abuse fatalities, essentially no change in this statistic has been observed over the past nine years.

While 57% of the respondents indicated that their agencies had experienced increased state funding between 1993 and 1994, these increases were relatively small and may well be offset by the decline in funding expected from Federal sources. Indeed, 96% of the respondents had serious concerns about the recent move in Congress to block grant child welfare and related services. The concerns reflect not only the potential loss of funding but also the loss of Federal leadership in this area.

(*NCPCA Memorandum*, Vol. II, No. 5, May 1995)

Americans Don't Know What to Do About Domestic Violence

Despite the widespread public recognition of domestic violence as a serious problem, few people in this country have actually taken action to stop it. According to research collected on behalf of the FUND (Family Violence Prevention Fund), about half of those who say they know a victim of domestic violence have failed to even talk with her about the abuse.

The survey revealed that while 30% of Americans know a woman who is currently a victim of spousal abuse, only 18% have taken steps to help reduce domestic violence in the last year--including talking to victims. The survey further revealed that there are barriers that must be overcome before more people will get involved in efforts to reduce domestic violence: Almost two-thirds of respondents said they *didn't know what to do* to reduce violence in their communities. (Those who had gotten involved have taken such steps as talking to an abused woman or abusive man, donating money or doing volunteer work.) Encouragingly, fully 40% of respondents also said they would like to help reduce domestic violence in the coming year .

(*News From the Homefront*, Spring/Summer 1995)

Children's Mental Health Funding Increases

Before adjourning its 103rd session, Congress approved a $25 million increase in the Comprehensive Children's Mental Health Services Program. The total appropriation for Fiscal Year 1995 comes to $60 million. The CMHSP provides five-year grants to states and communities to develop local interagency systems of care for children, including day treatment, case management, respite care, in-home intensive services, crisis and emergency services, therapeutic foster care, group homes, and transition programs. The 22 sites funded must involve families in planning services for their children. For information about these grants, write to Gary DeCarolis at the Child, Adolescent and Family Branch of the Center for Mental Health Services, 5600 Fishers Lane, Rockville, MD 20857.

(*Pacesetter*, February 1995)

ABA to Create Commission on Domestic Violence

Protecting women from domestic violence, which Congress made a national law enforcement priority last year, gets a helping hand from the nation's largest group of lawyers... The American Bar Association (ABA), gathering in Miami for its annual winter convention, unveiled a new Commission on Domestic Violence-- lawyers, doctors, law enforcement officials, social workers, and others who will study ways to help victims and their families. Among the issues on the commission's agenda:

- Legal assistance for victims who cannot find or afford lawyers.
- Use of criminal sanctions in addition to civil protection orders to prevent further battering.
- Lawsuits against abusers under personal injury and civil rights laws.
- Training for police and courts.

Congress had such programs in mind when it allotted more than $1 billion to fight violence against women, part of the crime law enacted last year.

(*Community Policing Digest*, Vol.1, No. 3, February 1995)

Domestic Violence Hotline Saved from Budget Ax

Plans to defund the National Domestic Violence Hotline were reversed and canceled after a protest by Attorney General Janet Reno and Health and Human Services Secretary Donna Shalala. The Subcommittee on Labor-HHS had voted to eliminate $1 million for the hotline, which was passed as part of the the crime bill's Violence Against Women Act.

"We are delighted that the Committee has reversed course and voted to save the hotline, which is one of the crime bill's most promising initiatives for fighting the abuse faced by millions of women," the two secretaries said in a joint statement.

More than one million women are victims of domestic violence every year, and the toll-free, 24-hour hotline will offer crisis counseling; problem-solving techniques; and referrals for battered women, their families and advocates.

(*Juvenile Justice Digest*, Vol. 23, No. 7, April 1995)

National Abuse Prevention Model Trains Trainers

The goal of the new Let's Prevent Abuse project at PACER is to raise national awareness of the needs of families who have young children with disabilities (birth through 5) who may be at-risk for child maltreatment. The project is doing this by training people about the effects of violence on young children and on adult survivors who are now parenting. Trainees agree to train other professionals and parents in their communities--and thus help build a national network of advocates.

Four-day training consists of how to identify family strengths, overcome barriers faced in accessing services, give parents tools to help themselves, build nurturing and empathy skills, and encourage participation through techniques in group dynamics.

For more information call Deb Jones at (612)827-2966.

(*Pacesetter*, February 1995)

Newsletter Resources

These are a few of the 180 newsletters and bulletins we receive and review. Please send us yours to include in future issues.

❧ ***BC Institute on Family Violence,*** **#290 -601 Cordova St, Vancouver, B.C. V6B 1G1**

A newsletter with the focus of eliminating family violence.

❧ ***B.E.A.M.,*** **P.O. Box 20428 Louisville, KY 40250-0428**

Being Energetic About Multiplicity is a newsletter designed to promote expression by those with MPD.

❧ ***Believe the Children,*** **P.O. Box 268462, Chicago, IL 60626**

A newsletter that is fighting against ritual abuse.

❧ ***The Chorus,*** **Voices in Action, Inc., P.O.Box 148309, Chicago, IL 60614**

Victims of Incest Can Emerge Survivors is a newsletter dedicated to prevention and recovery through networking, support and education.

❧ ***The Connection,*** **National CASA Association, 2722 Eastlake Ave East, Suite 220, Seattle, WA 98102**

A newsletter designed to keep Court Appointed Special Advocate (CASA) programs, volunteers and the public abreast of the latest news and developments affecting CASA's work with abused and neglected children.

❧ ***Cult Awareness Network News*** **2421 West Pratt Blvd., Suite 1173 Chicago, IL 60645**

Founded to educate the public about the harmful effects of mind control as used by destructive cults.

❧ ***The Cutting Edge,*** **P.O. Box 20819, Cleveland, OH, 44120**

A newsletter for women living with self-inflicted violence.

❧ ***Free to be Safe,*** **Oklahoma Coalition on Domestic Violence and Sexual Assault, 2200 Classen Blvd, Ste. 1300, Oklahoma City, OK 73106.**

❧ ***The Healing Woman,*** **P.O. Box 3038, Moss Beach, CA 94038**

A monthly newsletter for women survivors of childhood sexual abuse.

❧ ***H.E.A.R.T.,*** **K. Sommer & Associates, 1030-e Summit Rd, Suite 189, Elgin, IL 60120**

Healing, Empowerment, and Recovery Together is a bi-monthly newsletter dedicated to the healing and support of all sexual abuse victims, regardless of race, sexual orientation, sex or age.

❧ ***Incest Awareness Project, Speaking Out,*** **P.O. Box 8122, Fargo, ND 58109-8122**

❧ ***Juvenile Justice Digest,*** **3918 Prosperity Ave., Suite 318, Fairfax, VA 22031**

An independent summary of significant news events in the field of juvenile delinquency prevention.

❧ ***The Maze,*** **P.O. Box 7917, Bonney Lake, WA 98390**

A bi-monthly international newsletter for people who have Multiple Personality or one of the other Dissociative Disorders.

❧ ***M.U.L.T.I.P.L.E.,*** **Artistic Endeavors Publishing, P.O. Box 10224, Marina Del Ray, CA 90292**

Minds Uniquely Linked Together In a Productive Loving Existence is a bi-monthly international newsletter emphasizing choice for people living with MPD/DD, and treating therapists, but especially designed for those newly diagnosed and those MPD's choosing not to integrate.

❧ ***Nebraska Domestic Violence & Sexual Assault Coalition,*** **315 South 9th Street, Suite 18, Lincoln, NE 68508**

❧ ***Nevada Network Against Domestic Violence,*** **2100 Capurro Way, Suite 21-1, Sparks, NV 89431**

❧ ***Not Alone Anymore, Inc.,*** **738 Main Street, Box 171, Watham, MA 02154**

This newsletter provides a forum for all survivors of physical, sexual, emotional, and verbal childhood abuse to express themselves.

❧ ***Oregon Coalition Against Domestic and Sexual Violence Network News,*** **2336 SE Belmont St., Portland, OR 97214**

❧ ***PTSD Research Quarterly,*** **The National Center for PTSD, VA Medical & Regional Office Center, 116 D, White River Junction, VT 05009**

A newsletter containing articles, abstracts and books dealing with Post-Traumatic Stress Disorder.

Texas Legal Resource Center for Child Abuse & Neglect, 727 E. 26th Street, Austin, TX 78705-3224

A newsletter dedicated to providing information for research, bibliographies, books, videos, and seminars on child abuse and neglect.

❧ **Virginians Against Domestic Violence, 2850 Sandy Bay Road, Suite 101, Williamsburg, VA 23185-2362**

❧ ***S.H.A.R.E.,*** **P. O. Box 7917, Bonney Lake, WA 98390**

A bi-monthly international newsletter specifically for partners, friends, & family members living and dealing with people who have MPD or DD.

❧ ***Women Incest Survivors Network,*** **P.O. Box 220, Camperdown, NSW 2050**

❧ ***S.O.S., Society of Sexual Abuse Survivors,*** **Forbes Publications Ltd., 44 Brookpark Mews SW, Calgary Alberta, T2W 2P3 Canada**

SPEAKER'S BUREAU

If your clinic, agency, or organization is interested in having a workshop conducted in your area, contact the FAMILY VIOLENCE & SEXUAL ASSAULT INSTITUTE for further information. The following is a partial listing of presentations by nationally known and respected presenters which can be integrated into a one or two day workshop in your area.

❦Survivors: Understanding and Helping Victims of Sexual, Physical, and Emotional Abuse

❦ Therapeutically Parenting the Sexually Abused Child ❦ Preventing Sexual Abuse in Foster Homes

❦ Interviewing Children for Abuse & Neglect ❦ Interviewing Suspected Sexual Abuse Victims

❦ Mental Health Evaluation of Suspected Sexual Abuse Victims ❦ Artwork Techniques & Expressive Techniques for Treating Traumatized Children ❦ Evaluating Sexual Abuse Allegations in Divorce & Custody Disputes

❦ Treating Sexualized Children and Adolescents ❦ Using Appropriate Hypnotherapy Techniques in Treating Trauma Victims,Post Traumatic Stress Disorder & Dissociation ❦ Diagnosis and Treatment of Trauma Victims and Dissociatives ❦ Treatment of Victims of Sado-Masochistic Abuse and/ or Mind-Control Victims: Diagnosis and Treatment Issues ❦ Domestic Violence: Identification and Treatment of Batterers, Battered Women, Incest Victims and Incest Offenders ❦ Testifying in Child Sexual Abuse and Family Violence Cases : Issues and Practical Suggestions

❦ Evaluation Issues and Assessment Techniques for Child Sexual Abuse Cases ❦ Identification and Treatment of Sexually Abused Boys and Male Suriviors ❦ Identification and Treatment of Wife/ Partner Abuse: Practical Suggestions and Innovative Techniques ❦ Current Issues and Future Trends in Domestic Violence and Sexual Assault ❦ Ethical and Liability/Malpractice Issues in Treating Family Violence Cases ❦ Characteristics of Victims of Sexual Abuse: Relevance for Child Witnesses ❦ Treatment of Adults Molested as Children: Recount, Repair, and Resolve ❦ Community Interventions and Counseling Techniques for Reducing Family Violence

❦ Innovative Techniques in GroupTherapy with Incest Survivors ❦ Forensic Art Assessment: Use of Drawings in Court Settings ❦ Memory Processing Techniques for Adult Survivors ❦ Group Therapy With Abused Children

For more information contact:

Mary Lewis, Director, FVSAI • 1310 Clinic Dr •

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Coming Soon --Order Now!!

An exciting new book from the FVSAI

Trauma, Amnesia, & the Denial of Abuse

The purpose of this book is to provide those from a legal, medical, criminal justice, journalist, or mental health background a resource concerning abuse, traumatic memories, dissociation, and the prevalence of child sexual abuse.

Sections include articles from well-known authors, abstracts and book summaries, references and resources, and a lay summary at the end of each section.

The sections are as follows:

Part I. Sexual Abuse, Trauma ,& Dissociation
- *with contributors such as:
  - D. Finkelhor
  - E. Olafson, D. Corwin, & R. Summitt
  - C. A. Ross
  - C. Cameron

Part II. Remembering Traumatic Experiences
- *contributors include:
  - B. A. van der Kolk
  - C. Hartman & A. Burgess
  - N. W. Perry

Part III. Forgetting Traumatic Experiences
- *contributors include:
  - J. Briere & J. Conte
  - S. Feldman-Summers & K. S. Pope

Part IV. Dissociated Memories vs. "False Memories"
- *contributors include:
  - J. L. Herman
  - S. Bloom
  - D. Barstow
  - D. Calof

Part V. False Denial and the Myth of the Offender "Profile"
- *contributors include:
  - K. A. Olio and W. F. Cornell
  - W.D. Murphy, T.J. Rau, and P.J. Worley
  - M. Dadds, M. Smith, and Y. Webber

***A joint project of the Family Violence & Sexual Assault Institute and The Falconer Foundation**

To order: contact the FVSAI at 903-595-6600 or fax 903-595-6799

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FVSAI Treatment Manuals & Bibliographies

Processing Memories Retrieved by Trauma Victims and Survivors: A Primer for Therapists - (1994). R. G. Sachs and J. A. Peterson.

The purpose of this primer is to focus on one particular task needed to treat trauma victims: helping the client process memories. The issue is not whether a trauma victim's memories will be processed, but the way memory processing is managed and mastered. This book offers a step by step management approach to the processing of memories concerning traumatic events. It is written for those new to treating victims of trauma or to the more experienced therapist who might find an overview helpful. **Contents:** Basic Concepts of Memory Processing •Useful Definitions and Descriptions of Terms • Descriptions of Trauma Victims • The Therapeutic Tasks to Prepare for Memory Processing During the Beginning Phase of Treatment • Basic Hypnotic Techniques Helpful for Memory Processing • A Beginning Memory Processing Session • How to Continue Processing, plus much more. This primer is in its second printing (84 pages) and retails for $16.95. You can purchase it from FVSAI for $15.00, plus postage and handling. **See page 9 to order.**

Help End Abusive Relationship Tendencies (HEART): A Personal Growth Program Manual for Battered and Formerly Battered Women. - 7th printing (1988). D. Franks, R. Geffner, N. Laney, L. McGaughey, and C. Mantooth.

This manual describes a modified 12-step program designed for abused and formerly abused women seeking to end abuse in their relationships. It can be used by an individual or in a group setting. This program was developed from a battered women's support program called HEART (Help End Abusive Relationship Tendencies). The manual outlines the 12 steps (modified from the AA program) and includes guidelines for sponsorship of new group members and for facilitating a HEART group. The majority of the manual was written by formerly abused women. The manual can be used in shelters, crisis centers, and by therapists, and counselors seeking a working tool for such clients. The manual is in its 7th printing and the price is $9.00 plus postage and handling. (Retail Price,$10.00) **See order form (page 9) to order.**

Spouse/Partner Abuse: A Categorized Bibliography and Reference List. - 4th printing (1990). R. Geffner, M. G. Milner, K. A. Crawford, and S. K. Cook.

Spouse/Partner Abuse: A Categorized Bibliography and Reference List is a categorized reference tool listing research, treatment, and other related information gathered through December 1989. Included in this reference list are over 3,000 published journal articles, books, manuals, papers presented at conferences, and a wealth of unpublished manuscripts and research work. In addition to a complete, alphabetical listing of available resources in the area of spouse/partner abuse, the various sources are also arranged according to the FVSAI category list as shown on page 54. Areas covered include sections on treatment approaches, child observers of parental violence, characteristics of both victims and abusers, police/legal issues, support groups, pornography, pregnancy, acquaintance/date rape, and sex roles. Each of these areas are further divided into distinct subcategories such as alcohol/drug usage, learned helplessness, depression, learned violence, and clergy support. At the back of the book are listings of Abstracts and Journals searched to provide these references, as well as a list of conferences reviewed annually. Updated supplements to the Bibliography are available yearly. The retail price of this book is $40.00 **but it is at a Special Sale of $25.00,** plus postage and handling and can be ordered through FVSAI. **See order form (page 9) to place your order.**

Spouse/Partner Abuse: A Categorized Bibliography and Reference List - Update for 1990. - 4th printing (1991). R. Geffner, L. Peacock, and S. James.

This categorized reference list is the first annual supplement to the *Spouse/Partner Abuse Bibliography and Reference List* (see above for a full description). Containing references obtained by the Family Violence & Sexual Assault Institute (FVSAI) during the year 1990, this valuable research tool includes updated references concerning many aspects of spouse/partner abuse. With over 450 listings, and more than a dozen categories (see page 54 for list), the references in this bibliography include both published and unpublished articles. In addition to the categories and subcategories contained in the original *Spouse/Partner Bibliography*, the Update covers areas such as prevalence of abuse, screening and detection of abuse, effects of abuse, prevention, and intervention/advocacy services. While the published articles may be found in most public and/or university libraries, the unpublished articles may be ordered from the FVSAI clearinghouse. Used in conjunction with the original bibliography, this *Update* ensures clinicians and researchers of having at hand the most accurate information available to date in the area of spouse/partner abuse. The price of the *1990 Update* is $15.00 plus postage and handling and is available through FVSAI.

Spouse/Partner Abuse: A Categorized Bibliography and Reference List - Update for 1991. - 4th printing (1992). R. Geffner, W. K. Cartwright, S. Patrick, and K. Hartt.

Included in this second follow-up edition to the *Spouse/Partner Abuse Bibliography and Reference List* (see above for a full description) are over 450 listings of references in more than a dozen categories in the area of spouse/partner abuse (see page 54 for list) obtained by the Family Violence & Sexual Assault Institute (FVSAI) during the year 1991. This invaluable tool contains current references concerning many aspects of

spouse/partner abuse, a few of which include homicide, adolescent offenders, child testimony, cycle of violence, and post-traumatic stress. These references include published articles, which should be available through your local university library, as well as unpublished articles, which may be ordered from the FVSAI clearinghouse. The articles are listed both alphabetically and by category to assist you in your research. The price of the 1991 Update is $15.00 plus postage and handling.

Sexual Abuse/Incest Survivors: A Categorized Bibliography and Reference List. - 4th printing (1992). R. Geffner, W. K. Cartwright, and S. Patrick.

Sexual Abuse/Incest Survivors: A Categorized Bibliography and Reference List is a listing of research, treatment, and other related issues gathered throughout 1990 and 1991 in the areas of sexual abuse and incest survival. Like the *Spouse/Partner Abuse Bibliographies* mentioned above, the sources contained in the *Sexual Abuse/Incest Bibliography* have been categorized using the FVSAI category list shown on page 54. Among the categories contained within the *Sexual Abuse/Incest Bibliography* are characteristics of victims/perpetrators, treatment approaches, incidence rates, revictimization, art/play therapy, cults and ritualistic abuse, sibling abuse, multiple personality disorder, and abuse in daycare. Over 500 references of published journal articles, books, manuals, and conference presentations are included, as well as numerous unpublished manuscripts which can be obtained through FVSAI. Updated supplements to this bibliography will be available on an annual basis. The cost of the original bibliography is $15.00 plus postage and handling.

Child Physical Abuse/Neglect: A Categorized Bibliography and Reference List. - 3rd printing (1992). R. Geffner, W. K. Cartwright, and S. Patrick.

This is a categorized reference listing of child physical abuse and neglect research, treatment, and other related information gathered between 1990 and 1991.

These references include over 500 published journal articles, books, manuals, papers presented at conferences, and unpublished manuscripts. Categorized according to the FVSAI category list on page 54, these references include areas such as social isolation, self-esteem, effects of abuse, screening/detection, characteristics of victims/offenders, prevention programs, and costs to society. Updated supplements to this book will be available each year. The price is $15.00 plus postage and handling.

Elder/Parent Abuse: A Categorized Bibliography and Reference List. - 3rd printing (1992). R. Geffner, W. K. Cartwright, and S. Patrick.

Available for the first time is a categorized reference listing of elder abuse research, treatment, and other related information gathered through December 1991. Although this area continues to receive less recognition/attention than either spouse abuse or child abuse, it is naturally destined to take an increasingly larger share of the public's attention as the baby-boom generation reaches the end of their active careers and settles into their golden years. In this first attempt to collect reference information, we have gathered over 400 references of published journal articles, books, manuals, conference papers, and unpublished manuscripts. These sources have been arranged using the FVSAI category list shown on page 54, and includes such topics as health issues, institutionalization, intergenerational conflict, and intervention/advocacy services. Updated supplements to this bibliography will be available annually. The price for this book is $15.00 plus postage and handling and is available through FVSAI.

Coming Soon-Order Now!!

1991-1994 Bibliography Updates of:

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★ **Child/Adult Sexual Maltreatment**
★ **Child Physical/Psychological Maltreatment**
★ **Elder/Parent Maltreatment**

Each update will include over 3,000 references in over 16 FVSAI categories (See p. 47) obtained by the Family Violence & Sexual Assault Institute during 1992-1994. These references include published journal articles, books, manuals, papers presented at conferences, and unpublished manuscripts.

★ The price of the new bibliography updates will range from $20.00.-$25.00 ★ See p. 9 to order.

FVSAI CLEARINGHOUSE CLASSIFICATIONS

The references in our clearinghouse and this *Bulletin* are listed with classifications codes to more efficiently identify valuable information and to facilitate comprehensive and efficient computer searches by our staff. The classifications for **Child Physical/Psychological Maltreatment, Elder/Parent Maltreatment, Child/Adult Sexual Maltreatment, and Spouse/Partner Physical/Psychological Maltreatment,** are as follows:

1. Domestic Violence Issues
   - a. Battering/Physical Abuse
   - c. Homicide
   - e. Premarital Abuse
   - f. During Pregnancy
   - g. Neglect/Psychological Abuse
   - j. Adolescent Offenders
2. Prevalence
   - a. Incidence Rates
   - b. Risk Factors
   - c. Epidemiological Studies
3. Characteristics of Victim
   - a. Age/Gender
   - b. Family of Origin/History
   - c. Race/Ethnicity
   - d. Socioeconomic Level/Employment
   - e. Educational Level
   - f. Institutionalized/Noninstitutionalized
   - g. Alcohol/Drug Usage
   - h. Personality Characteristics
   - j. Attribution of Responsibility
   - k. Locus of Control
   - l. Self-Esteem/Self-Image
   - m. Health Issues
   - n. Sexual Attitudes
   - o. Communication Skills
   - p. Problem-Solving Skills
   - q. Parenting Skills
4. Characteristics of Abuser/Batterer/Perpetrator
   - a. Age/Gender
   - b. Family of Origin/History
   - c. Race/Ethnicity
   - d. Socioeconomic Level/Employment
   - e. Educational Level
   - f. Institutionalized/Noninstitutionalized
   - g. Alcohol/Drug Usage
   - h. Personality Characteristics
   - j. Attribution of Responsibility
   - k. Locus of Control
   - l. Self-Esteem/Self-Image
   - m. Health Issues
   - n. Sexual Attitudes
   - o. Communication Skills
   - p. Problem-Solving Skills
   - q. Parenting Skills
5. Sex Roles
   - a. Socialization
6. Effects of Abuse
   - a. Victim/Abuser Relationship
   - b. Social Isolation
   - c. Learned Violence
   - d. Learned Helplessness
   - e. Intergenerational Conflict
   - g. Revictimization
   - h. Family Separation/Divorce
   - i. Post-Traumatic Stress/Battered Woman Syndrome
   - j. Observing Violence/Child Observers
   - k. Cycle of Violence
   - l. Effects On/Costs To Society
   - m. Multiple Personality Disorders/Dissociative States
7. Legal/Forensic Issues
   - a. Police Intervention
   - b. Victims' Rights
   - c. Legislative
   - d. Criminal Justice
   - e. Expert Witnesses
   - f. Child Testimony
8. Prevention
9. Screening/Detection
10. Intervention/Advocacy Services
    - a. Support Groups
    - b. Agencies, CPS, etc.
    - c. Clergy
    - d. Community
    - e. Professional
    - f. Shelters/Crisis Centers
    - g. Hospital/Emergency Centers
    - h. CASA Programs/Advocate Organizations
11. Treatment Approaches
    - a. Psychotherapy
    - b. Assertion Training
    - c. Family Therapy
    - d. Couple Therapy
    - e. Group Therapy
    - f. Cognitive/Behavioral Therapies
    - g. Play Therapy
    - h. Music/Art Therapy
    - i. Bibliotherapy
    - j. Other
12. Theories/Perspectives
13. Research Methods
14. Pornography
15. Cults/Satanic/Ritualistic Abuse
16. Sexual Assault Issues
    - a. Incest/Incest Survivors
    - b. Sibling Abuse
    - c. Sexual Molestation/Assault
    - d. Marital Rape
    - e. Acquaintance/Date Rape
    - f. Stranger Rape
    - g. Sexual Harassment
    - h. Abuse in Day Care
    - i. Offenders
    - j. Acquired Immune Deficiency Syndrome (AIDS)/HIV
    - k. False Allegations/Suggestibility
    - l. Dissociated Memory
    - m. Other
17. Gay/Lesbian Issues
18. Multicultural/Mixed Racial Issues

Classified Guide to Family Violence & Sexual Abuse Literature

How to Order References From Our Clearinghouse

To order copies of **unpublished articles** (.15¢ per page plus shipping and handling), send the order form in this *FVSAB* (see page 9) and attach a list of the individual unpublished references that you wish to order. **Please remember that we house only unpublished manuscripts and papers presented at conferences** which have been sent to us by authors. The majority of published journal references that are listed may be found in your local university library.

Please Note This Very Important Detail

Entries with the number of pages in parentheses and boldface, following the reference, are available from our clearinghouse.

For example: Lundberg-Love, P. K., Ford, K. L., Marmion, S. L., Geffner, R. A., & Rogers, K. F. (1993). Identification of adult sexual abuse survivors: Implications for preventive medicine. Paper presented at the 101st Annual Convention of the American Psychological Association, Toronto, Canada. **(23 pages)**

References listed without the number of pages in parentheses are not available from our clearinghouse.

*Be sure to include the author's name, title of manuscript, and number of pages when ordering unpublished papers. *

*****Remember! Only clearinghouse members may order these materials (see order form on page 9).*****

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- Promoting fact-based education in the Media
- Special task force meetings of various professional and advocacy organizations

KEYNOTE SPEAKERS & SPECIAL GUESTS:

- JON CONTE, PH.D. - Associate Professor , School of Social Work, University of Washington and Editor of *The Journal of Interpersonal Violence*, Seattle, WA.
- CAROLYN CUNNINGHAM, PH.D. - Director of Psychological Services of the Children's Protection Center at Miller Children's Hospital in Long Beach, CA.
- JEAN GOODWIN, M.D. - Professor of Psychiatry and Behavioral Sciences, University of Texas Medical Branch, Galveston, TX.
- SHERRY QUIRK, J.D. - Attorney with the Law Firm of Verner, Liipfert, et al., President of the American Coalition for Abuse Awareness, and President of One Voice in Washington, D.C.
- ALAN SCHEFLIN, J.D. - Professor of Law, Santa Clara University Law School, Santa Clara, CA.
- ROLAND SUMMIT, M.D. - Head Physician of the Community Consultation Service and a Clinical Professor of Psychiatry at Harbor-UCLA Medical Center in Torrance, CA.
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Family Violence & Sexual Assault Bulletin

Volume 11, No. 3-4

Fall/Winter 1995

** Research and Treatment Issues **

Child Abuse Victim Services: An Exploratory Study of the Austin, Texas Police Department by Jacqueline Corcoran, M.S.S.W., L.M.S.W. 19

Evaluating Child Sex Abuse Allegations by Amy Lamson, Ph.D. 24

– Research & Treatment Issues Readers' Forum –

Gains and Process in State Batterer Programs and Standards by Edward W. Gondolf, Ph.D. 27

Vague Comments Spark Reader's Input by Ila J. Schonberg, M.S.W., C.S.W., D.C.S.W., L.M.F.T. 29

FVSAI Staff & Editorial Board 2
Editor's Comments 3
FVSAB Book Club 4
Conference Calendar 7
FVSAI Order Form 12
Announcements 34
Book and Media Reviews 15
Networking 37
FVSAI Treatment Manuals & Bibliographies . 39
FVSAI Clearinghouse Classifications 42
Resources 56

** Classified Guide to Family Violence and Sexual Abuse Literature **

Child Physical/Psychological Maltreatment References 43
Elder/Parent Maltreatment References 45
Child/Adult Sexual Maltreatment References 46
Spouse/Partner Physical/Psychological Maltreatment References 53

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EDITOR'S Comment

Of Mice, Humans, and Family Violence

I have noticed for some time that there are numerous assumptions and myths that often affect procedures with family violence cases. For example, many in the family violence field make the assumption that people abuse others due to learning, societal prejudices, and/or various psychological and ecological factors. It is clear that these are definitely risk factors and play an important role in abusiveness. However, many advocates, clinicians, and researchers have overlooked a factor that may also play an important role, in conjunction with those above, in producing family violence. This factor is the biological component.

Researchers and clinicians have been involved with human aggression for several decades, and it is known that biological factors play a role in violent behavior. But for some reason, biology has generally been ignored in the family violence field. Rarely do researchers, clinicians, advocates, and others involved in child abuse, wife/partner abuse, or elder abuse even consider that biological factors may be one of the factors involved for the victim or the offender. Some researchers have been investigating such factors with respect to wife/partner abuse, and the findings are not surprising. Many batterers have neuropsychological impairment from closed head injuries or other causes, and this may be a significant factor in their aggressiveness, along with other psychological and social factors. In some cases, neuropsychological evaluations of battered women also indicate such impairment from beatings in the head or face.

Neuropsychological impairment can produce impulsiveness, poor decision-making, emotional dyscontrol, rage, and a variety of other symptoms that many offenders exhibit. It is important to begin broadening our scope in the family violence field, to include biological factors, so that we are better able to understand, treat, and prevent family violence.

Assessment-Based Intervention

Assessment is also often overlooked in family violence cases. Customarily, most interventions requires an assessment a person and then a treatment plan is developed based upon the results. But it appears now that too many child abuse and wife/partner abuse cases, once identified, are referred to generic treatment programs. These treatment programs tend to be "prepackaged," treating all offenders or victims in a "one-size-fits-all" manner. Many of the programs are group oriented, and the victim or offender is placed into the program. Given the serious nature of these cases, each individual should be assessed to determine his/her needs, and then a treatment program that meets these needs should be implemented. This is more time-consuming, involves more professionals in handling or treating these cases, and is therefore more costly. In the present era of cost cutting, this approach is not often attempted. Few have even argued that such an approach should be undertaken. However, we do need to focus more on developing and implementing assessment-based intervention, where the assessment is more comprehensive, not just an interview and some questionnaires. Treatment options should then be available, and the person referred to the appropriate one depending upon the outcome of the assessment. In the long run, this should be more effective and therefore less costly overall.

> **"We need to focus more on developing and implementing assessment-based intervention, where the assessment is more comprehensive, not just an interview and some questionnaires."**

Statistics, Research, and Public Opinion

It is interesting to note how discrepant public opinion is to what is actually known from the research data with respect to some highly volatile issues. For example, it is now widely assumed by lay people and many professionals that women in the midst of divorce (when custody is an issue) will make up allegations of abuse or "program" their child to say they have been abused. Research indicates that this happens, but **infrequently**. In fact, research indicates that if spouse abuse or other types of family violence occurred in the marriage, the odds of child abuse also occurring increase dramatically. The notion of an epidemic of "false allegations by hysterical women" is a myth, but a widely believed one.

Similarly, the idea of "**false memories**" in the trauma field is also widely believed by the public and by respected professionals. However, there is no research that indicates that "false memories" of abuse even exist. People can distort memory, confabulate, lie, or misinterpret, but to imply that there is a phenomenon of "false memory" that affects a large group of people who report traumatization has not been supported by research data.

The problem with such widely held beliefs is that they influence actions in various arenas, and people act as if the beliefs were indeed fact. The actions then can lead to dangerous outcomes for many victims of abuse. And the actual issues become murky. Too many cases of alleged abuse are not adequately investigated, assessed or treated because such assumptions are initially made. We must all be aware of our assumptions, beliefs and biases when working in this field, and avoid taking absolute positions at either extreme.

FVSAI Needs Your Help

Changing topics; a few years ago I asked for help because FVSAI was struggling for funding. Many of you did help. We reorganized, changed our structure, and we survived. Unfortunately, we are in need of funding again. Our computers are outdated, and we are vastly understaffed to handle all the requests and to maintain our resource center and clearinghouse. We need your membership renewal now (see page 12), tax deductible contributions, suggestions for grants, and updated equipment (computers, fax, phones) in order to survive. Please help in any way you can. Thanks for all of your support.

Until next time, Be Careful, Be Safe, and have a peaceful New Year!

77 Bob Geffner, Ph.D.

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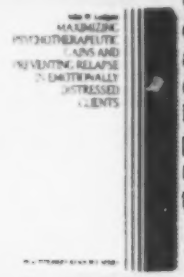
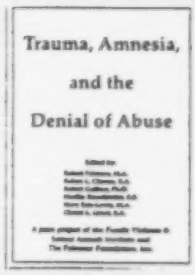


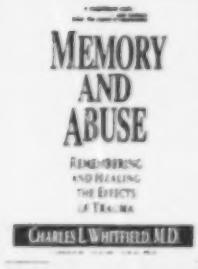
Contents include: discussion of the application of cognitive behavioral therapy principles and relapse prevention.

Maximizing Psychotherapeutic Gains and Preventing Relapse in Emotionally Distressed Clients by J. Ludgate; Professional Resources Press, 1995, 81 pp.; Pub. price $12.95; ***FVSAB*** **$ 12.00.**



Contents include: articles from highly regarded international authors concerning the "False Memory" debate, bibliographical and annotated references.

Trauma, Amnesia, and the Denial of Abuse Ed. by R. Falconer, R. Clinton, R. Geffner, M. Brandstetter, M. Lewis, & C. Lloyd; FVSAI, 1995, 195 pp.; Pub. price $30.00; ***FVSAB*** **$25.00.**



Contents include: examination, exploration and clarification of issues surrounding memory of traumatic experiences, traumatic amnesia and delayed recollection.

Memory & Abuse by C. Whitfield; Health Communications, Inc., 1995, 375 pp.; Pub. price $12.95; ***FVSAB*** **$12.00.**

Healing Power of Play: Working With Abused Children by E. Gill; The Guilford Press, 1991, 210 pp.; Pub. price $18.95; ***FVSAB*** **$18.00.**

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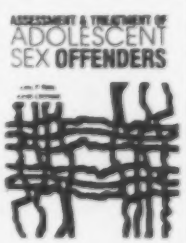

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Physician's Guide to Domestic Violence: How To Ask the Right Questions and Recognize Abuse by P. Salber & E. Taliaferro; Volcano Press, 1995, 114 pp.; Publ. price, $10.95; ***FVSAB*** **$10.00.**

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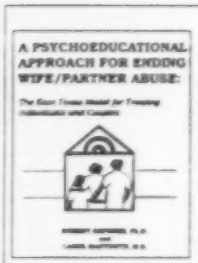

A Psychoeducational Approach for Ending Wife/ Partner Abuse by R. Geffner & C. Mantooth; FVSAI, 1995, 244 pp.; Pub. price $30.00; ***FVSAB* $25.00.**

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The Male Survivor: The Impact of Sexual Abuse by M. Mendel; Sage Public., 1995, 239 pp.; Pub. price $18.95; ***FVSAB* $18.00.**

Quest for Respect: A Healing Guide for Survivors of Rape by L. Braswell; Pathfinder Publ., 1992, 80 pp.; Pub. price $9.95; ***FVSAB* $ 9.00.**

Child Victims, Child Witnesses by G. Goodman & B. Bottoms; Guilford, 1993, 333 pp.; Pub. price $36.50; ***FVSAB* $35.00.**

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Treating Abused Adolescents: A Program for Providing Individual & Group Therapy by D. Merchant; Learning Public., 1990, 104 pp.; Pub. price, $14.95; ***FVSAB* $14.00.**

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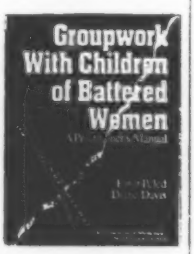

Living With My Family; My Own Thoughts; No More Hurt (3 Workbooks for children) by W. Deaton & K. Johnson; Hunter House, 1991, 32 pp. each; Pub. price $5.95 ea.; ***FVSAB* $5.50.**

Males at Risk: The Other Side of Child Sexual Abuse by F. G. Bolton, L. A. Morris, & A. E. MacEachron; Sage Public., 1989, 224 pp.; Pub. price, $24.00; ***FVSAB* $23.00.**

Children of Battered Women by P. Jaffe, D. Wolfe, & S. K. Wilson; Sage Public., 1990, 160 pp.; Pub. price, $16.95; ***FVSAB* $16.00.**

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Projected Genogramming by F. Kaslow; Professional Resource Press, 1995, 45 pp.; Pub. price $12.95; ***FVSAB* $ 12.00.**

Incest by A. Mayer; Learning Public., 1993, 309 pp.; Pub. price $24.95; ***FVSAB* $22.00.**

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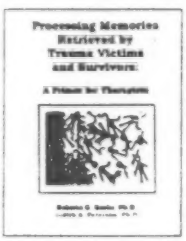

Processing Memories Retrieved by Trauma Victims and Survivors: A Primer for Therapists by R. Sachs & J. Peterson; FVSAI, 1994, 75 pp.; Pub. price $16.95; ***FVSAB* $ 15.00.**

The Survivors Guide: For Teenage Girls Surviving Sexual Abuse by S. Lee; Sage Public., 1995, 152 pp.; Pub. price $12.95; ***FVSAB* $12.00.**

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January

- **22-26**

San Diego, CA
The San Diego Conference on Responding to Child Maltreatment
For more information, contact: Robbie Webb, Registration Coordinator, CCP, MC 5016, Children's Hospital, 3020 Children's Way, San Diego, CA 92123-4282. 619/495-4940, FAX: 619/974-8018.

- **24-25**

Tupelo, MS
7th Annual Stop the Hurt! Child Sexual Abuse Conference
For more information, contact: Stop the Hurt!, P.O. Box 1053, Tupelo, MS 38802. 601/791-2858.

February

- **2-3**

Boston, MA
Child/Adolescent Self-Destruction
Harvard Medical School and The Cambridge Hospital. For more information, contact: Judy Reiner Platt, Cambridge Hospital Professional Services, 130 Bishop Allen Drive, Cambridge, MA 02139. 617/864-6165.

- **8-10**

Charlotte, NC
Children's Defense Fund (CDF) National Conference
For more information, contact: Children's Defense Fund, 25 E Street, NW, Washington, DC 20001. Conference Hotline: 202/662-3864.

- **10**

Boston, MA
The Child/The Clinician/The Law
The Cambridge Hospital and Harvard Medical School. For more information, contact: Judy Reiner Platt, Cambridge Hospital Professional Services, 130 Bishop Allen Drive, Cambridge, MA 02139. 617/864-6165.

- **15-18**

Washington, DC
"Public Policy Challenges for Social Work Education," Council on Social Work Education (CSWE) 42nd Annual Program Meeting
For more information, contact: CSWE, 1600 Duke St., Alexandria, VA 22314-3421. 703/683-8080, FAX: 703/683-8099.

- **29-March 4**

Alexandria, VA
Second Annual Conference on Trauma, Loss and Dissociation: The Foundations of 21st Century Traumatology
For more information, call: 202/265-4704 or 800-844-2789.

March

- **16**

Boston, MA
Managing Aggression
The Cambridge Hospital. For more information, contact: Judy Reiner Platt, Cambridge Hospital Professional Services, 130 Bishop Allen Drive, Cambridge, MA 02139. 617/864-6165.

- **17-20**

Atlanta, GA
23rd National Conference on Juvenile Justice
National College of Juvenile and Family Law (NCJFL), National Council of Juvenile & Family Court Judges (NCJFCJ). For more information, contact: NCJFL/NCJFCJ, University of Nevada, Reno, P.O. Box 8970, Reno, NV 89507. 702/784-6012.

- **17-20**

Sheffield, England (UK)
First European Conference on Traumatic Stress in Emergency Services, Peacekeeping and Humanitarian Aid Organisations
For more information, contact: Bill Leach, Conference Organiser [sic], Effective Events, Emergency Planning Deparument, Trent Regional Health Authority, Fulwood House, Old Fulwood Road, Sheffield S10 3TH, England. Tel: 0114 236 0300, FAX: 0114 230 9439.

- **26-30**

Hunstville, AL
The Twelfth National Symposium on Child Sexual Abuse
For more information, contact: The National Children's Advocacy Center, 106 Lincoln St., Huntsville, AL 35801. 205/534-1328, FAX: 205/534-6883.

- **28-30**

Washington, DC
CWLA National Conference, Children `96
Child Welfare League of America. For more information, contact: CWLA, 440 First Street, NW, Ste. 310, Washington, DC 20001. 202/638-2952.

- **28-31**

Albuquerque, NM
Fourth Annual Conference on Advances in Treating Survivors of Abuse & Trauma: Multiple Dimensions in Healing
For more information, contact: The Institute for Advanced Clinical Training, Inc., P.O. Box 326, Villanova, PA 19085. 800-637-1434, FAX: 610/ 525-4864.

April

- **3-6**

Houston, Texas
Southwestern Psychological Association (SWPA) 42nd Annual Convention
For more information, contact: Phil

Conference 1996 Calendar

(Continued)

Finney, Convention Manager, at 314/651-2452.

- **11-14**

San Jose, CA
1996 Western Psychological Association Convention
For more information, contact: Rita Hanna of the Department of Psychology, San Jose State University, San Jose, CA 95192-0189, 408/924/7233.

- **16-18**

San Diego, CA
Residential Child Care Worker Trainer Certification
National Resource Center for Youth Services. For more information, contact: Rhoda Baker at 918/585-2986, e-mail: rhoda@fs1.nrcys.uoknor.edu

- **24-26**

Albuquerque, NM
14th Annual "Protecting Our Children" National American Indian Conference on Child Abuse and Neglect
National Indian Child Welfare Association and the American Indian Institute (NICWA), University of Oklahoma. For more information, contact: Larry Douglas, Conference Coordinator, NICWA, 3611 SW Hood St., Ste. 201, Portland, OR 97201. 503/222-4044.

May

- **4-7**

Washington, DC
1996 National CASA Conference
For more information, contact: Stephanie Santos, National CASA Association, 2722 Eastlake Ave. E., Ste. 220, Seattle, WA 98102. 1-800-628-3233.

- **8-11**

San Antonio, TX
Best Interest: Special Issues for Children and Families
The Association of Family and Conciliation Courts (AFCC). For more information, contact: AFCC, 329 W. Wilson St., Madison, WI 53703. 608/251-4001, FAX: 608/251-2231.

- **15-18**

Keystone, CO
The 24th Annual Child Abuse & Neglect Symposium
The C. Henry Kempe National Center. For more information, call: 303/321-3963.

- **31-June 3**

Alexandria, VA
Eighth Annual Eastern Regional Conference on Abuse, Trauma, and Dissociation: Training in Treatment
For more information, contact: Barry M. Cohen, Conference Chairman, Eastern Regional Conf., Inc., P.O. Box 9534, Alexandria, VA 22304. 800-934-3724.

June

- **6-8**

Austin, TX
First National Conference of Children Exposed to Family Violence
Institute of Human Development and Family Studies - University of Texas at Austin; Family Violence & Sexual Assault Institute, Tyler, Texas, and American Psychological Association. For more information, contact: Mary Sals-Lewis, 1310 Clinic Dr., Tyler, TX 75701. 903/595-6600, FAX: 903/595-6799.

- **7-8**

Boston, MA
Integrating Psychotherapies
The Cambridge Hospital and Harvard Medical School. For more information, contact: Judy Reiner Platt, Cambridge Hospital Professional Services, 130 Bishop Allen Drive, Cambridge, MA 02139. 617/864-6165.

- **16-19**

Saskatoon, Saskatchewan, Canada
Sixth Symposium on Violence and Aggression
For more information, contact: George

- **16-21**

Ithaca, NY
1996 Annual Summer Research Institute at Cornell University
For more information contact: Andrea Beukenkamp, National Data Archive on Child Abuse and Neglect, G-20, MVR Hall, Cornell University, Ithaca, NY 14853. 607/255-7799, FAX: 607/255-8562, e-mail: ab32@cornell.edu

- **20-23**

Washington, DC
Head Start's Third National Research Conference
For more information, contact: Dr. Faith Lamb Parder, Columbia University School of Public Health, CPFH/MCH, 60 Haven Ave., B-3, New York, NY 10032. 212/304-5251, FAX: 212/305-7024, e-mail: flp1@columbia.edu

- **26-29**

Chicago, IL
4th National Colloquium of the American Professional Society on the Abuse of Children
For more information, contact: APSAC Program Committee, 407, S. Dearborn St., Ste. 1300, Chicago, IL 60605. 312/554-0166.

August

- **9-13**

Toronto, Ontario, Canada
American Psychological Association (APA) Annual National Meeting
For more information, contact: APA, 750 First St., NW, Washington, DC 20002-4242. 202/336-6020.

September

- **16-21**

Washington, DC
Eleventh National Conference on Child Abuse and Neglect (NCCAN)
For more information, contact: Research Assessment Management, Inc., Cheryl Rust, 1300 Spring St., Ste. 210, Silver Spring, MD 20910. 301/589-8242.

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- ❑ A3 - Diagnosing Children with Dissociative Disorders - C. Gould
- ❑ A4 - Body Memory, Body Work & Physically Facilitated Abreactions - C Manheim
- ❑ A5 - Uses of Video Therapy with Treatment of Sexual Trauma & Memory - Watson & Arauzo
- ❑ A6 - Using Games & Activities in Treating Sexually Abused Adolescents - T. Boatmun
- ❑ B7- Applying Brief Psychotherapy to Long-Term Treatment of MPD - D. Dickson
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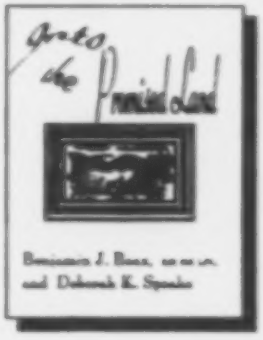

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Book & Media Reviews

Memory and Abuse: Remembering and Healing the Effects of Trauma

See Page 5 and 6 to order at a discount. Charles L. Whitfield, Deerfield Beach, FL: Health Communications, Inc., 1995. 375 pp., $12.95.

Media has been inundated over the past few years with information issued by proponents of the so called "false memory syndrome". Air waves and bookstore shelves are literally and figuratively "loaded" with propaganda designed to convince the general public that the issue of child abuse is nearly nonexistent and that the clinicians who treat trauma survivors are actually the abusers of otherwise healthy families.

In his latest book, *Memory and Abuse*, noted author of *The Child Within*, Charles Whitfield, M.D., has managed to address each of these discords. This text is the first (and perhaps only) to confront the false memory falsehoods head on and without apology. Many scholars have often stopped short of answering the most important question of all: Can a 'false memory' happen? Whitfield courageously answers, "yes, rarely," then discusses not only how or why this might occur, but places the rare 'false' memory itself into the broad context of the dysfunctional family.

Memory and Abuse is full of citations from both sides of the disputed memory debate, uses over 50 tables and diagrams, and could have easily been divided into three or four volumes, though there is a subtle feel of urgency in getting as much information as possible to the public before it's too late.

Lay audiences who have had their own road to recovery paved by Whitfield's earlier works may have difficulty with the academic tone of this book and academicians may too easily dismiss the message by the ease of its delivery.

While some minor changes in organization might have made it flow more evenly and eliminated some repetition, the work achieves its goal. Readers will ultimately be presented with the facts and fictions of the disputed memory controversy, clinicians will have a comprehensive reference when asked to provide a response to the allegations of impropriety, and survivors will find a champion of their rights once again.

Kim Anderson, MSW, LCSW
Clinical Coordinator, Women's Counseling Collective and Women's Clinical Consultants; Managing Editor, *Secondary Survival*, Clayton, Missouri

Handbook for Treatment of Attachment-Trauma Problems in Childhood

Beverly James, New York: Lexington Books, 1994. 204 pp., $34.95 (hardcover).

The concept of attachment is slowly emerging as a critical mental health issue in understanding human behavior, especially that of children. The mission of the primary attachment figure is to be a protector, provider and guide. Parents need to be "tough, tender and patient."

Early attachment experiences are the basis for a child's concept of self, others, and the world. This publication takes an important step toward filling the information gap associated with disorders associated with attachment trauma.

The author presents a cogent, meticulous, and thorough exploration of the dynamics of attachment, the impact of trauma on attachment relationships, the alarm/numbing mechanism, and trauma bonding. Assessment, intervention and evaluation techniques are carefully explicated, and the synthesis of theory and practice is clearly illustrated by the skillful use of anecdotes and case studies.

> **"Assessment, intervention and evaluation techniques are carefully explicated, and the synthesis of theory and practice is clearly illustrated by the skillful use of anecdotes and case studies."**

Together with some 37 additional contributors, topics such as play therapy, coercive holding, maladaptive attachment relationships, recovery from attachment trauma, residential care, and the influence of attachment factors on adoption are all carefully addressed. A special feature is a chapter exploring the sequelae of war, torture, and political policy on children.

The quality of this work is enhanced by a better-than-average bibliography and index. Both professionals and the interested general public will find this to be enjoyable and relatively easy reading due to the author's unusually articulate writing style.

Continued on next page

If your budget allows for only one volume on attachment ... this is it!

Donald G. Barstow, M.A., M.S., R.N., CNS
Renewed Hope Counseling Service
Oklahoma City, Oklahoma

Treating Addicted Survivors of Trauma

Katie Evans and J. Michael Sullivan. New York; The Guilford Press. 1995. 238 pp., $19.95.

Treating Addicted Survivors of Trauma is a model therapy manual. Written by two therapists with extensive clinical experience, solid academic credentials, and excellent communicating and organizing skills, this book is both very readable and very informative.

Both Katie Evans and J. Michael Sullivan, M.D., are survivors of childhood trauma. Evans is in recovery from addiction as well. Consequently, Evans and Sullivan hold a unique position for penning such a work. Their philosophy combines mental health paradigms with disease models of addiction, and combines psychotherapeutic techniques with 12-step recovery practices.

Treating Addicted Survivors of Trauma provides a clear and penetrating overview of the subject matter. The authors emphasize the need for an integrated program of treatment to simultaneously treat both addiction and survivor issues. They provide detailed, concrete treatment interventions and strategies, along with case illustrations. And they address special issues involved in working with adolescent addicted survivors and also in working with significant others. Evans and Sullivan repeatedly refer to the effects of working with addicted survivors on the therapist.

The format of the book enhances its readability. Most chapters begin with a brief survivor poem. Survivor writings add poignancy elsewhere to illustrate facts. Chapter headings and subheadings clarify the careful organization, while illustrative tables and figures provide appropriate emphasis. Rather lengthy lists of bibliographic references document the text and lead readers to fuller discussions of topics.

Treating Addicted Survivors of Trauma deserves to become a basic resource for clinicians who work with addicted survivors of trauma. It is specific yet adaptable to a variety of therapeutic approaches. It is authoritative yet remarkably respectful of addicted survivors. The tone, as well as the content, of this book make it abundantly clear that the authors have "been there" both as survivors and as therapists.

Marge Eide
Librarian, Eastern Michigan University
Ypsilanti, Michigan

Date Violence: Love in a Pumpkin Shell

NEWIST/CESA 7 and Wisconsin Public Television, Studio B, University of Wisconsin, Green Bay, WI, 1995. **VIDEO**, total running time: 30 minutes, $195.00.

As current as today's newspaper headlines, sexual violence pervades our society with shocking images of bruised and battered women. While emphasis usually falls on spousal abuse, *Date Violence: Love in a Pumpkin Shell* focuses on teen dating relationships and the controlling behaviors, including isolation, verbal abuse and battering, that literally place victims "in a pumpkin shell."

The video presents case studies of abuse victims and batterers in an anecdotal style, interspersed with limericks that echo the pumpkin shell theme. The verses add interest to each segment and underscore the statistical data. Donna Ferrato shares graphic images of sexual violence from her documentary photographic study, *Living With the Enemy*. Ferrato stresses that "it is really important for females to understand violence has nothing to do with love. Nothing."

The video's combination of excellent production qualities and convincing dramatization presents the testimonies of both female abuse victims and male batterers. Jessica, a victim of sexual battery and forced sex, provides a poignant portrait of innocence lost while keeping a secret that has become our society's shame. Sexual violence is also identified as a problem with sex roles in our society when Floyd, a batterer, tells of his experiences with relationships that failed because of his abuse.

This video presentation clearly attributes date violence to power, not love. Emphasis is placed on the differences between romantic love, nurturing love and addictive or possessive love. The program ends on a positive note by asserting that respect — self respect and respect for others provides the solution for victims and abusers alike. Both preteens and older groups of youth could benefit from viewing the film in a teaching situation because the dramatizations of young people they could identify with would provoke healthy decisions. The teacher's guide, a complete bibliography and resource list will provide counselors and teachers with enough material for a thorough look at the problem.

Judith Inman, B.A.
Longview, Texas

Break the Silence: Kids Against Child Abuse

Chatsworth, CA: Aims Media, 1994. **VIDEO**, total running time: 30 minutes, $99.95.

Using animation as a tool for communicating with the child viewer, this informative video helps a child understand how important it is to tell an adult about any type of abuse or neglect that they are experiencing in their life. The use of age-appropriate language helps explain physical abuse, sexual abuse and neglect in a way young viewers can understand. Four brave kids discuss their abuse and how they dealt with their situations. Each story is "re-enacted" through animation and shows how the abuse happened and how it made the child feel. Social workers, therapists, foster and biological families serve as support systems and help these children lead normal, healthy lives.

The video would be very useful in schools, churches, social organizations, or any group of children, as a facilitator for a discussion on abuse and neglect. A helpful guide is included to help in discussions and activities concerning the material presented. The use of animation allows a child to feel more comfortable with discussing the difficult topic of abuse, and possibly even in disclosing any abuse they or anyone they know is experiencing.

The children in the video stress the importance for children to tell adults what is happening to them and that the abuse is not their fault. They also stress that adults need to listen to their children and offer them help when they feel their child is in trouble. The video offers different methods for helping families end abusive situations. It also allows adults to catch a glimpse of abuse from a child's perspective. This program

opens the door on the terrible reality of child abuse. The key to ending the cycle of abuse is to *break the silence*.

Christi Lloyd, B. A.
Family Violence &
Sexual Assault Institute,
University of Texas
Tyler, Texas

Treating Survivors of Satanist Abuse

Valerie Sinason, Editor. London: Routledge, 1994. 320 pp., $18.95.

Emerging public interest in ritual/satanist abuse is evident from the number of "self-help" books finding their way into the market place. The vast majority of these publications are based on investigative reports of victim experiences, not on clinical or research findings. This volume, edited by a professional, presents the conclusions reached by diversified specialists as a result of their own extensive work with survivors.

The book is composed of 34 chapters written by 40 different contributors with expertise in every aspect of this societal cancer. This approach provides insights that guarantee a comprehensive, albeit brief, overview of ritual/satanist abuse and its sequelae. Anecdotes from case studies are liberally woven into the text to illustrate key concepts and problem areas unique to patients and health care providers involved in the therapeutic process. Transference and counter-transference, therapist physical and emotional responses to patients' disclosures, colleague skepticism, professional isolation, public disbelief, overt and covert threats from perpetrators, fear for personal and family safety, and other salient topics are also addressed.

The text's four major divisions are grouped topically as follows: 1) historical data, definitions, and a brief literature review, 2) victimization of children, adults and those with learning difficulties (mental retardation), 3) interventions and outcomes of programs initiated to increase public awareness, and 4) common elements and issues in satanist abuse.

This is the first clinically oriented manual based on research and professional experience I have seen that speaks to this complex medical-social phenomenon in a comprehensive and relatively objective manner.

An extensive index of names and subjects makes this publication a valuable reference work. An easy-to-use bibliography at the end of each chapter facilitates reader review of the literature. Although most of the contributors are British, and the contents reflect that context, the principles, practices and guidelines put forward are applicable in any health care setting.

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Family Fallout: A Handbook for Families of Adult Sexual Abuse Survivors

D. Beaulieu Landry, M.Ed. Orwell, Vt.: The Safer Society Press, 1991. 75 pp., $12.95.

Family Fallout confirms a definite problem in the structure of a family that is forced to deal with adult sexual abuse survivors.

Dorothy Beaulieu Landry gives an in-depth view on both sides of how families may react to the news that one of their loved ones has been sexually abused by another family member.

Many adult survivors are courageous enough to come forward and let the truth be known. *Family Fallout* describes the typical reactions that family members may use and gives many examples of how the family unit as a whole may help the survivor cope with this painful news. The family may exhibit grief, disbelief, denial and pain.

She shows that it is possible to work through the crisis disclosure might bring, and covers such topics as; repression, adolescents, and offers a chapter for partners of survivors. She devotes another chapter to "How Can I Help?" (for supporters, family, partners, friends), and "healing rituals."

What is probably most helpful is Landry's input on a wide range of possible questions family members may have or press when told of the abuse. Questions like, "How can someone just forget something as horrible as molestation and rape?", "These things happened so long ago—why upset the family now?", and "Sexual abuse is serious—How can I believe it without proof?"

Her up-front and simple, concise answers to these questions show others that it is extremely important to support and help these survivors in their growth and healing. "It is the family's responsibility to deal with its issues, not the survivor's responsibility to protect family members from the truth."

The information provided is straightforward, and urges the families of survivors to love and support their loved ones ... an excellent book for professionals, survivors and their families.

Jodi Sykes
Survivor/Educator
Lake Worth, Florida

Stories No One Wants to Hear

Mara Alper. Camden, ME: Gift From Within, 1995. **VIDEO**, total running time: 27 minutes, $79.95.

The topic of mother-daughter incest is one which many choose to either ignore or deny existence. For the survivors, it is a very concrete issue with which they must deal. *Stories No One Wants To Hear*, is a groundbreaking video in an area that has been virtually uncharted. Clinicians, college students and survivors would benefit from viewing this work. The video contains no psychological jargon, and is easy for the layperson to understand. It would serve as an excellent tool for those recovering from mother-daughter incest, exposing the myth that mothers are not capable of committing such acts against their children. *Stories* also allows the viewer to catch a glimpse of various aspects of this type of abuse, such as the unexplainable rage and bitterness these women feel towards their mothers, and the inability to remember certain times in their lives. The women interviewed openly express their feelings concerning the abuse and share with the audience their confrontations with various family members.

Stories No One Wants To Hear is a bold, brave video, which serves as a beacon of light to those who have survived the trauma of mother-daughter incest. It does a wonderful job of allowing the survivors to speak candidly about their abuse and encouraging others to come forward with the truth.

Karla D. Needham
Family Violence &
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Tyler, Texas

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Child Abuse Victim Services: An Exploratory Study of the Austin, Texas Police Department

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Research & Treatment Issues

The Victim Witness Assistance Program was created by the Law Enforcement Assistance Administration (LEAA) in 1974 with funds allocated for the development of service programs to victims. First program efforts, usually referred to as victim witness programs, were based primarily out of district attorney's offices (Blomberg, Waldo, & Bullock, 1989), and limited services only to those victims and witnesses involved in criminal trials long after the crisis stage of the crime had passed (Dussich, 1981).

Due to these limitations, programmatic efforts were expanded into law enforcement agencies to include the victim's initial contact with the criminal justice system (Downing, 1988). Another advantage to these victim services programs is that they can enhance reporting of crimes and cooperation with the criminal investigation by responding in an immediate and positive way (Dussich, 1981). The primary functions of victim services programs are to provide victims and witnesses with crisis counseling, concrete services, and community referrals (Dussich, 1981). Crisis counseling consists of providing empathy for the victim's experience and allowing the victim to ventilate painful feelings in order to return clients to their previous level of functioning, which is assumed to include a sense of their own efficacy (Downing, 1988).

According to listings from the United States Department of Justice Office of Crime Victims and the National Organization for Victim Assistance (NOVA), 312 victim assistance programs were in existence in 1984 (Roberts, 1990). Though programs have proliferated, established operational models and conceptual frameworks that define goals and guide interventions have been lacking (Downing, 1988). In addition, evaluation of service effectiveness is not generally available (Blomberg et al., 1989; Young, 1989). The current state of research in this area consists of clinical case studies, anecdotal accounts, and statistical reports of various types of victimization.

An exception is a study by Norris, Kaniasty, and Scheer (1990), who interviewed a representative sample of 392 victims at two six-month intervals. Holding initial symptomatology and crime incident constant, program assistance was associated with symptom reduction if it was both promptly delivered and continuing. The authors state that the problems encountered by victims are usually too profound to be handled through crisis intervention. The authors see the most important role for crisis intervention as a linkage between victims and ongoing support services in the community. Alternatively, Young (1989) suggests that victim assistance be available over the long-term since victims experience trauma sometimes months, even years, after the crime incident.

Though client judgments have been suggested for evaluative purposes (Gottfredson, Reiser, & Tsegaye-Spates, 1987), attempts to assess client satisfaction have been difficult (Geis, 1983). No program evaluation up to this point has concentrated on victim assistance to the population of child abuse victims and their families. A literature review revealed no published studies on victim services working within police child abuse units although there were anecdotal accounts of the efficacy of victim services programs assisting victims of violence (Lee & Rosenthal, 1983; Wirtz & Harrell, 1987), battered women (Koss, 1990), and lesbian victims of sexual assault (Orzek, 1988).

“ No program evaluation up to this point has concentrated on victim assistance to the population of child abuse victims and their families. ”

Austin Police Department Victim Services

Since 1981, a victim services division has existed within the Austin Police Department. Initially, the program was funded entirely by an LEAA grant. Throughout the

years, counselor positions have gradually become subsumed under the city budget. Currently, the program is carried almost entirely by the city of Austin with supplemental Victimes of Crime Assistance grants. Most of the Victim Services counselors work in a "generalist" way with many different types of crime victims, such as victims of robbery, assault, and sexual assault, and survivors of suicide, homicide, and traffic fatalities. Police officers request counselors' assistance at crime scenes when victims are experiencing emotional trauma, or when during the investigation, victims appear to need counseling and/or referrals. Also within Victim Services exist specialized units for domestic violence and child abuse, to which counselors are permanently assigned.

> **"Police officers request counselors' assistance at crime scenes when victims are experiencing emotional trauma, or when during the investigation, victims appear to need counseling and/or referrals."**

The three counselors assigned to the specialized child abuse unit of the police department provide crisis intervention, education about child abuse and the criminal justice system, and assess the family's needs, making appropriate community referrals. In addition, since 1986, the Victim Services child abuse counselors have been specially trained to conduct videotaped statements with alleged child abuse victims for the criminal case. The child abuse counselors are usually hired on the basis of their knowledge and skill in working with sexually abused children and their families and hold either a Bachelor or Master's level degree in the human services professions.

While caseloads vary, the three child abuse counselors usually see about 25 new cases per week, as well as maintaining follow-up services to other families. Counselors work closely with the police, performing both corroborative and advocacy roles, and act as a liaison between the criminal justice system and their clients. The counselors are called upon by the District Attorney's office to testify in the criminal trials, though only 3% of child abuse cases in Travis County actually reach that point (of those cases in which criminal charges have been filed, most are settled by plea-bargaining).

The Austin Police Department obtains child abuse referrals from three main sources. The major source of referrals is Child Protective Services, which is the agency of the Texas Department of Protective and Regulatory Services (DPRS) authorized to intervene in child abuse cases. The second source of referrals is telephone reports from concerned citizens. A third source of reports is the Austin Police Department street officers dispatched to crime scenes involving child abuse. Each child abuse referral is screened to determine if it merits criminal investigation. Since most physical abuse cases do not meet the criteria for a criminal offense, the vast majority of cases investigated further by police involve alleged sexual abuse.

This article will report and discuss the findings of a 1991 survey examining client utilization of and satisfaction with the services provided by Victim Services child abuse counselors. Research questions guiding this exploratory research include the following: 1) What is the level of satisfaction with Victim Services? 2) Is there a relationship between client satisfaction and level of utilization of services? 3) What is the pattern of utilization of ongoing counseling referrals? 4) Is the utilization of counseling referrals related to the number of sessions of counseling attended?

Method

Subjects

The study population was the approximately 1,200 individual adult caretakers (most but not all of them family members) who in 1991 had brought an alleged child abuse victim to the police department to be interviewed by a Victim Services counselor. The names and addresses of the caretakers were obtained from police report files.

Measures

The survey consisted, first, of optional identifying information (name, address, and phone number) and then demographic information (ethnicity, sex, age, relationship to victim, victim's ethnicity, victim's sex, victim's relationship to perpetrator, and date seen at the police department). Following were questions (16 total) about satisfaction with Victim Services, attendance in counseling of both the child victim and the child's caretaker, and perceived behavioral and emotional functioning of the victim and the caretaker. Included at the end of the survey was a space for respondents to write in suggestions for improved effectiveness of Victim Services.

The survey was developed by the author during her employment as a child abuse counselor for Victim Services, Austin Police Department. This study represents the first attempt to obtain information utilizing the survey.

Procedure

The survey was sent to the caretaker who had accompanied the alleged victim to the child abuse unit of the Austin Police Department for an investigation. A letter explained the purpose of the survey, which was to improve the helpfulness of Victim Services to other families, and stated that confidentiality would be maintained. Surveys were sent to all 1991 cases between the summer of 1991 and February of 1992. Due to time constraints on counselors, no attempt was made to send follow-ups.

Data Analysis

Data analysis involved frequency counts on all variables, and the following cross tabulations: perceived helpfulness of Victim Services by number of contacts with the Victim Services counselor; and utilization of ongoing counseling by number of counseling sessions attended.

Results

Of the approximately 1,200 surveys sent, 91 were completed and returned. Thirty-seven came back "address unknown." Since the response rate was less than 10%, the results and conlusions are limited.

Ninety percent of the respondents were female. Fifty-one percent of the respondents were Anglo, 18% were African-American, 25% Hispanic, 4% Asian, 1% American-Indian, and 1% identified themselves as another ethnicity. Eighty-four percent identified themselves as the parent of the child. The categories, "foster parent," "grandparent," and "other," such as

"stepparent," and "adoptive parent" were each represented by about 5% of respondents. In 23% of the cases, the sexual abuse was allegedly perpetrated by a natural parent, 19% by a family friend, 11% by a stepparent, 10% by an acquaintance, 8% by a neighbor, 7% by a grandparent, 4% by an aunt or uncle, 4% by a stranger, with 13% falling into the "other" category, which included siblings and cousins.

Sixty-seven percent of the respondents found Victim Services "very helpful," and 25% found the services "somewhat helpful." Eight percent of the respondents replied that the services were "not helpful." In cross tabulating number of contacts with perceived helpfulness, the percentage of people finding services "very helpful" increased as a function of the number of contacts with Victim Services. However, the percentage of people finding services "somewhat helpful" decreased by number of contacts. The chi-square value for this cross tabulation was not significant. See Table 1 for these results.

Table 1.

Perceived Helpfulness and Number of Contacts (N = 91)

		%
Perceived helpfulness		
Very helpful		
	One contact	23
	Two contacts	24
	Three contacts	25
Somewhat helpful		
	One contact	15
	Two contacts	6
	Three contacts	3
Not helpful		
	One contact	4
	Two contacts	0
	Three contacts	1

Overall, 35% of the respondents' children had not received additional counseling beyond Victim Services for the abuse. One percent had attended one counseling session. Seventeen percent had attended between two and four sessions. Fifteen percent had attended between five and eight. Thirty-two percent had attended nine or more sessions. Fifty percent of the caretakers had not received counseling either. Eight percent of the caretakers had attended one session. Sixteen percent of the mothers had attended between two and four sessions. Four percent of the mothers had attended five-to-eight sessions. Two percent had attended nine or more sessions. Of those who were attending counseling, the majority were seen in individual psychotherapy (23% of caretakers and 40% of children). Ten percent of caretakers and 9% of the children attended group therapy. Ten percent of caretakers and 9% of the children were involved in family therapy.

The majority of caretakers planned to continue with counseling for themselves (45%) and for their children (47%). When the response to caretaker's plan to continue with counseling was cross tabulated with number of counseling sessions the caretaker had attended, the chi-square value was significant at the .05 level, with those unsure (12%) about continuing counseling attending the lowest numbers of sessions compared to those who either responded "yes" (45%) or "no" (22%). Additionally, caretakers who said they planned to continue with counseling had children who attended more counseling than caretakers who responded "no" or "unsure," though the chi-square value for this cross tabulation did not reach significance. See Table 2 for these results.

When cross tabulating the response to the child continuing with counseling by number of sessions attended, those caretakers who planned to continue with their children in counseling tended to have attended more sessions than those who said "no" (20 percent) or "unsure" (18 percent). This trend was replicated and reached significance at the .05 level when the child had attended more counseling sessions. See Table 3 [next page] for breakdown of responses by number of sessions attended.

Barriers to counseling included money (34% for caretakers not attending and 22% for their children) and transportation (18% for mothers not attending and 15% for their children). Other barriers for the caretaker included "lack of time"(1%), "don't feel will help" (9%) and "other" (22%). Respondents reported as other reasons for their children not attending counseling "lack of time" (6%), "don't feel will help" (4%), "child refusal" (7%), and "other" (22%).

Table 2.

Caretaker Planning to Continue with Counseling with Respect to Sessions Already Attended

			%
* Caretaker in counseling			
Yes		1-4 sessions	11
		5-8	2
		9+	14
No		1-4	4
		5-8	2
		9+	14
Unsure		1-4	2
		5-8	0
		9+	3
Child in counseling			
Yes		1-4	8
		5-8	9
		9+	13
No		1-4	7
		5-8	1
		9+	4
Unsure		1-4	1
		5-8	1
		9+	5

* significant at the .05 level

Respondents reported a positive change in the child and/or family as a result of counseling 44% of the time. Twenty-six percent reported a "somewhat" positive change, with 18% reporting it not being helpful and 13% "unsure." Caretakers tended to report counseling being helpful or somewhat helpful the more sessions attended. This trend was replicated and reached significance at the .05 level when the child attended more counseling sessions. See Table 4 [next page] for these results.

Discussion

Clearly the results of this survey cannot be generalized to the population of Victim Services clients given a return rate of only 8%. The high percentage of female respondents was expected since mainly mothers

Table 3.

Child to Continue with Counseling with Respect to Sessions Already Attended

		%
Caretaker attending counseling		
Yes	1-4	9
	5-8	2
	9+	15
No	1-4	7
	5-8	0
	9+	1
Unsure	1-4	4
	5-8	1
	9+	3
* Child in counseling		
Yes	1-4	6
	5-8	9
	9+	19
No	1-4	6
	5-8	2
	9+	1
Unsure	1-4	2
	5-8	1
	9+	5

* significant at the .05 level

accompanied their children to the child abuse unit. When mothers were not available, it was common for another female relative to act as stand-in. As also expected, many of the respondents were involved in cases where the accused were known to the child (e.g., De Jong, 1988).

Most respondents found Victim Services "very helpful." The number checking "very helpful" increased with the number of contacts with Victim Services, though the cross tabulation was non-significant. Contacts usually consisted of telephone calls, though they might have included home visits and letters to those households without phones. However, the opposite effect was found for those who answered that the services were "somewhat helpful." Increasing contacts resulted in decreased percentages finding services "somewhat helpful" though differences were not significant. For this group of clients, the services may have been viewed as intrusive. Few respondents found services "not helpful," but future studies might want to explore further reasons for dissatisfaction with Victim Services programs and ways to improve services to clients. Additionally, the survey could have included items related to differential satisfaction with service components rather than simply a global rating of satisfaction.

One of the main tasks of Victim Services counselors is to provide referrals and encourage families to attend ongoing counseling in the community. Counselors emphasize that it is important not only for the children, but also for the parents. The research indicates that a mother's adjustment to her child's being sexually abused is one of the most important factors for the child's recovery (Conte & Schuerman, 1987; Edwards & Alexander, 1992; Johnson & Kenkel, 1991; Nash, Hulsey, Sexton, Harralson, & Lambert, 1993; Wind & Silvern, 1994). Whenever possible, attempts were made to match the family to counseling resources that were convenient in terms of time and location and suited to income level. However, there is a shortage of sliding-scale counseling services in the area, and often agency and private therapists' hours conflict with school for the child or work for the parent.

The results from this survey indicated that 35% of the children and 50% of the caretakers did not receive counseling beyond the crisis intervention they received at Victim Services. Children received more counseling overall than did their caretakers, an expected priority. The greater numbers of children receiving counseling were also reflected in the greater numbers of sessions attended by children as compared to their mothers. Not surprisingly, the most-often cited barrier to counseling was money for both the caretaker's and the child's counseling. Though Crime Victims Compensation pays for counseling related to crimes, funds are not usually approved until the final outcome of the criminal case, which sometimes can represent a substantial amount of time. Additionally, some therapists do not accept Victims' Compensation as payment due to slow reimbursement rates. Others require that victims and their families pay the full amount of the bill and apply for reimbursement themselves, a possibly risky endeavor for families. Some therapists require a co-payment for either Victims Compensation or insurance, an amount victims can often ill-afford. The Crime Victims Compensation Board was made aware of these limitations and is working on improving the system to be more sensitive to needs of victims of crime.

Most caretakers claimed a positive change in the child and/or family as a result of counseling, particularly when the child had been in counseling for nine or more sessions. Given the current orientation toward brief therapy, this finding may have implications for the value of children receiving fewer than nine sessions for therapy to be of benefit to the child and to the family as a whole.

Limitations and Suggestions

This study suggests that Victims Services might be effective in assisting child abuse victims and their families. However, the study also demonstrates the difficulties inherent in conducting program evaluation in a victim services setting. The major concern in this study involved the low survey response rate. A mail survey to crime victims on their perception of services (Lein & Rickards, 1991) obtained a similarly low response rate to the survey reported here. Their report gives as a primary reason for the low rate the tendency of crime victims to move as a result of the crime experience. Though 37 of the surveys in the study reported here were returned "address unknown," it is expected that an even greater number of surveys failed to reach the intended persons. In addition, clients may

Table 4.

Positive Change in Child and/or Family as a Result of Counseling Sessions Attended

		%
Caretaker in counseling		
Yes/Somewhat	1-4 sessions	12
	5-8	3
	9+	16
No	1-4	3
	5-8	0
	9+	1
Unsure	1-4	4
	5-8	0
	9+	2
* Child in counseling		
Yes/somewhat	1-4	9
	5-8	10
No	1-4	3
	5-8	2
	9+	2

* significant at the .05 level

have viewed the survey as low priority compared to more immediate needs, such as working and providing child care. Informal contacts revealed that many caretakers were eager to put their children's abuse behind them, and that they did not like reminders of its occurrence. A survey sent to their homes on the subject might have been seen as just another unpleasant reminder. These subjects might not be as likely to complete the survey and send it in.

Despite the drawbacks of mail questionnaires, such as low-response rate, people may feel freer to express their true opinions and information obtained by this method may be more accurate (Schwab, Smith, & DiNitto, 1993). Though an improved response rate might have resulted if the survey were sent after a specified time interval (for example 90 days following the initial contact), this was not always possible due to time constraints on counselors. An alternative method to improve response rate would be to administer the survey over the telephone as a follow-up contact to the family though there are some doubts as to the accuracy of the information received by this method (Kerlinger, 1986).

A second limitation to this study was that the program had no capability for collecting demographic data on the clients served overall by Victim Services. If survey respondents could be compared to the total population, efforts could be targeted to improve response rates. A further limitation involved the lack of guidance and expertise at the agency for conducting research when it came to survey design and administration. In conclusion, though research and evaluation of victim services programs have been urged (Blomberg et al., 1989; Downing, 1988; Young, 1989), without formal mechanisms in place for program evaluation, efforts to evaluate service efficacy might continue to be difficult.

Author's Note:

Gratefully acknowledged is the assistance of Ann Hutchinson, Director, and the Victim Services counselors who staffed the child abuse unit 1991 to 1992.

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Evaluating Child Sex Abuse Allegations

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In the process of trying to differentiate between true and false allegations of child sex abuse, investigators, psychological evaluators, and therapists face a double edged sword. On one side there is the risk to a child's safety from a failure to believe a true allegation (false negative). On the other side, there is the risk of injustice to an innocent person and damage to a child's psyche by endorsing a distortion of reality and destroying a parent-child bond when one believes an untrue allegation (false positive). It is apparent that professionals assessing child abuse allegations must be exceedingly careful to avoid both dangers.

In past years it was common wisdom to automatically believe children's allegations of sexual abuse because they do not possess sufficient knowledge about sex to create false allegations. However, several developments in recent years have brought this common wisdom into question. One is the discovery that parents sometimes influence children to make false allegations in highly disputed divorce custody cases. Another is the hypothesis of a contagion effect in day care and pre-school cases where parents' supposed hysteria about the possibility of widespread sexual abuse may lead children to make false allegations. Still another recent suggestion is that overzealous professionals investigating the allegations may unwittingly use leading questions and also misinterpret children's responses in their effort to substantiate claims of sexual abuse. Finally, therapists operating under the correct premise that a child's denial of sexual abuse does not necessarily mean that sexual abuse did not occur, may unknowingly influence the child to make false allegations. Unfortunately these issues have created a backlash which has sometimes led to the premature dismissal of true allegations and continued sexual abuse.

Since protection of children is the primary concern of any investigation of possible child molest, it is of utmost importance to decrease the chance of a false negative (mistakenly classifying an allegation as false). However, the higher the hit rate for true positives (correctly classifying an allegation as true), the higher the rate of false positives (mistakenly classifying an allegation as true). Faced with these alternatives, all one can do is to thoroughly investigate and evaluate each allegation, and based on the information available recommend to the Court an appropriate way to deal with the allegation.

As Berliner and Conte (1993) aptly put it: "There is no evidence for an indicator which is determinative of abuse. However, we also recognize that there may be patterns of indicators or case characteristics, some dealing with the child, some with the allegation context, and others involving external variables which taken together may reliably influence the professional judgment or opinion about what happened ... It is clear that professional judgment about these cases must employ decision criteria and that human judgment may make subtle, complex, and differential use of sets of criteria in coming to a judgment about individual cases" (p. 122).

Clinical Observations and Research Concerning Admitted Molesters

While no single psychological test can distinguish molesters from non-molesters and there is no such thing as a psychological profile of a typical molester (Chaffin & Milner, 1993; Murphy, Rau, & Worley, 1994), psychological testing in combination with clinical interviews can yield valuable information about admitted molesters than can be useful for treatment planning. In my 19 years experience evaluating and treating admitted molesters, I have frequently observed the following characteristics in varying degrees and combinations:

a) immaturity, emotional dependency, and narcissism with an overly strong need for attention and affection,

b) feelings of social and/or sexual inadequacy with adults,

c) turning to a child for emotional fulfillment that is lacking in the molester's adult relationship(s),

d) impaired empathy,

e) anger towards adult partner,

f) antisocial personality traits,

g) history of childhood emotional/physical/sexual abuse,

h) preoccupation with sex,

i) membership in an extremely strict, sexually repressive religion,

j) substance abuse at the time of the molest.

These clinical observations have been supported by numerous research findings (Araji & Finkelhor, 1985; Chaffin, 1994; Conte, 1990; Finkelhor & Lewis, 1988; Hanson, Lipovsky & Saunders, 1994; Knight, Carter, & Prentky, 1989).

Frequently psychologists are asked to evaluate accused molesters who are denying the allegation. The psychologist can compare the results of these evaluations to the clinical and research findings on admitted molesters. Even if an accused molester exhibits characteristics commonly seen in admitted molesters, this does not automatically prove the allegation since these traits are not exclusive to this population. The only situations where one can be more certain about an allegation are when the accused admits it is true, or when another person witnesses the abuse. All other cases require a careful assessment of the available facts of the alleged molest and a careful evaluation of the psychological functioning of the alleged perpetrator, the alleged victim, and the accuser if this person is not the victim. Looking at the context of the molest allegation and the characteristics of the alleged molester as compared to those of admitted molesters can help the clinician assess whether there is a higher or lower probability of an allegation being true.

One example is the case of molest of a three-year-old girl discovered in the course of a physical examination prompted by a vaginal infection. The mother subsequently reported that the child told her that the step-grandfather molested her. However, the child never repeated this to anyone else. The accused had a distant relationship with his wife and an overly strong relationship with his step-granddaughter. The therapist initially thought the allegation was probably true. However, by the end of the second session, the therapist began to doubt the allegation because the accused exhibited thoughtful, empathic, self-sacrificing

personality traits in direct contrast to the self-centeredness and self-indulgence commonly seen in molesters. At the same time, an experienced evaluator of persons accused of molest concluded that it was unlikely this man molested his granddaughter, and an independent investigation of the allegation concluded it was likely that someone else molested her.

In another case referred to the evaluator by a defense attorney, the alleged molester also did not give evidence of personality characteristics often seen in molesters. However, strong situational factors, including intense upset over marital separation, heavy drinking at the time of the alleged molest, and inconsistencies in the alleged molester's story led the evaluator to conclude that the molest probably occurred though it was not characteristic behavior of the accused. A few months later the defense attorney requested an addendum regarding suitability for treatment because the accused admitted to the molest and wanted to plea bargain.

Research On Sexually Abused Children

In their 1992 article, Berliner and Conte stated that there are no clear emotional or behavioral indicators that a child has been molested. While it may be significant, even sexualized behaviors appear in only a minority of molested children. These observations are logically consistent with the fact that individual's reactions to trauma varies with the intensity of the trauma, premorbid personality, and post-abuse circumstances. On the other hand, Waterman and Lusk (1993) report that parents of sexually abused children report more child problems than parents of nonabused children.

Research on the Incidence of False Allegations

Clinical and research data suggest that false allegations account for only a small percentage of all allegations (Chaffin & Milner, 1993). It is far more likely that a child would retract a true allegation or deny actual molest than to independently manufacture a false allegation. When children fear or experience a negative consequence from disclosing a molest, such as lack of family support and/or separation from the family, they are apt to retract their allegation or deny an actual molest (Lawson & Chaffin, 1992; Summit, 1983). In their study of 28 children who had a sexually transmitted disease, Lawson and Chaffin report that only 12 (43%) made a verbal disclosure of sexual abuse in the initial interview. Lawson and Chaffin further state that surveys of adult survivors of sexual abuse indicate that they rarely reported sexual abuse when they were children.

Research data also suggest that the incidence of mothers making false allegations of sexual abuse in divorce custody cases is not as high as claimed by various reports. In fact, in a recent study of 12 domestic relations courts throughout the United States, only a small proportion (less than 2%) of contested custody cases involved sexual abuse allegations. Fathers were accused in 51% of these cases, but mothers, mothers' new partners, and extended family members were accused in the remaining cases. In the 129 cases for which a determination of the validity of the allegation was available, 50% were found to involve abuse, 33% were found to involve no abuse, and 17% resulted in an indeterminate ruling (Thoennes & Tjaden, 1990).

Investigating Sex Abuse Allegations

It is apparent that every investigation, evaluation, and treatment involving child abuse allegations should begin with an open, inquiring mind. All prejudices, personal likes and dislikes must be pushed aside. If one were to start with a strong belief or conclusion and then search for corroborating evidence, as some investigators seem to do, there is a significant risk of error. Important information may be overlooked that doesn't fit the conclusions, other equally possible interpretations and explanations of the data may not be considered, and some children may be unwittingly induced to make false allegations.

> **"If one were to start with a strong belief or conclusion and then search for corroborating evidence, as some investigators seem to do, there is a significant risk of error."**

In the assessment of child abuse allegations, rational thinking should predominate, including careful, unbiased gathering of information and analysis of data. This does not mean that one should relate to the alleged victim in a cold, detached manner. A warm, caring attitude is needed to build rapport so that information can be elicited. In fact, research indicates that "a friendly, supportive questioning style enhances memory and reduces suggestibility for younger children" (Berliner & Conte, 1993). One must be careful not to automatically believe one person's story. To do so risks adopting the wrong conclusion. It is necessary to examine and weigh information from many sources and to use common sense in evaluating the whole situation before arriving at any conclusion. At the same time it would be a mistake to delay a conclusion by giving equal weight to all possibilities. When the weight of the evidence points in one direction, suitable action should be taken.

Case Examples

1. A three-year-old child was very attached to her grandmother, with whom she has lived since birth. The child violently protests visits with her father, whom she met on only a few occasions prior to her mother's death when she was less than two years of age. It is possible that the grandmother's intense negative feelings towards the father may influence the child's reactions. This kind of situation sometimes arises in custody cases, and this grandmother made no secret of her intense dislike of the father. Furthermore, she was allowing the visits only because the attorney she consulted told her that if she didn't, the father could very well remove the child from her care. But when there were medical findings of physical and sexual abuse and the child continued to exhibit much more positive feelings towards the grandmother than towards the father, does it make sense to put any stock in the father's attorney's argument that the grandmother abused the child in order to place the blame on the father and thereby stop his visits? The Protective Services Worker and the Juvenile Court Judge considered this to be a strong enough possibility to place the child in foster care and to begin a legally mandated program of reunification with the father which ended

in the tragic death of the child due to severe abuse by the father.

2. It is possible for a mother to falsely allege that the father sexually abused their two-and-a-half-year old daughter because she wants to terminate the father's visits with the child. However, if the medical examination of the child substantiates abuse, it may make more sense to believe the original allegation than the counter allegation by the father that one of the mother's boyfriends must have abused the child. The coincidence of the mother intentionally making a false molest allegation and there being a true physical finding is not very likely, as is the possibility of the mother accusing one person of molesting her child while knowing someone else was the perpetrator. All such possibilities should be investigated in any case. However, since the child only spoke to the mother about the abuse in this example, the Department of Social Services (DSS) initially handled the matter informally by establishing an agreement for all of the father's visits to be supervised by his mother. Six months later the child's mother made another allegation and the medical examination indicated more extensive abuse had occurred in the intervening time. Even though it was learned that the father sometimes transported the child by himself, the DSS recommended and the Juvenile Court Judge ordered placement of the child in a foster home because the father and his attorney argued that she could have been molested by one of the mother's boyfriends. Was the trauma of separation from the mother really necessary in this case, especially since there was never any evidence of possible "boyfriend abuse."

3. A six-year-old girl's visits with her father were stopped because of her allegation that he fondled her on one occasion. A medical examination a year later yielded physical evidence of a sexually transmitted infection. Instead of automatically regarding this finding as proof of the original allegation, as the medical examiner did, it should raise concern about molest by someone with more recent access to the child. But even if another molester is identified, this does not automatically clear the father. It is not that unusual for the same child to have been molested by more than one perpetrator. In this case the child was placed in a foster home. She eventually revealed that it was her teenage half-brother, not her father who molested her. She had accused her father of molest because her mother had told her to say so and she didn't want to displease her mother, who had very strong negative emotional reactions concerning her ex-husband.

4. A seven-year-old girl with a history of being molested by a cousin, a grandfather, and her mother's boyfriend recently moved with her mother to her mother's hometown. Shortly after starting therapy, this young girl proudly reported that her dentist had molested her and now he is her boyfriend. Her mother believed this was a figment of her daughter's imagination because the dentist worked in a busy office with many people milling around. Besides she was sure that the girl had never been alone with him. She had seen him walk with her daughter past the receptionist to the examination room where she was sure a dental assistant was always present. An investigation by Child Protective Services revealed that the dentist in this office was a woman and the man who met the child in the waiting room was the dental assistant. He had been alone with the child when he cleaned her teeth. Furthermore, he had a history of frequent job changes and he had just started working in this dentist's office. All of these facts diminished the possibility that the girl's allegation was a figment of her imagination. The dental assistant had access to molest her and his history of frequent job changes suggests he may have left other dental offices to avoid discovery.

> **"All of these facts diminished the possibility that the girl's allegation was a figment of her imagination."**

5. If there is an allegation that is highly unusual, it is important to obtain more details to make sure the allegation is fully understood. After a three-year-old girl complained that her vagina was hurt by her father's keys, their visits were suspended on the assumption he molested her. However, later questioning of the child revealed that her daddy's keys attached to his belt hurt her when he carried her on his hip.

6. If a child retracts the initial allegation of sexual abuse, but there are physical findings, it is important to look for an external or internal reason why the child might feel compelled to retract the allegation. In most cases an early retraction is due to regret over the negative consequences of the disclosure. This should be kept in mind even while searching for another perpetrator. However, sometimes the retraction is not false. In one case a 13-year-old girl's matter-of-fact story of sudden, extreme molest by her father, including repeated acts of intercourse, differed from the hesitant, often tearful stories by most incest victims of gradual seduction by the father. Furthermore, there were some glaring inconsistencies in her story. For example, she claimed her father locked the bedroom door with a key when he raped her because her younger siblings and grandmother were at home. She also claimed to have yelled when her father raped her. However, the bedroom door locked without a key and no one at home heard her yelling. Furthermore, there were no physical findings of intercourse. In addition to exploring all the inconsistencies in this girl's story, it is important to look for any reason why she might have made a false allegation. This girl eventually confessed to her therapist that she had falsely claimed the sexual abuse in order to be able to move out of the home of her very harsh father and stepmother and into the home of other loving relatives.

7. A mother suddenly disappeared with her 18-month-old daughter. When the father located them four years later and filed for custody, the mother claimed that she ran away because the father had been molesting the child. Psychological evaluations were ordered by Juvenile Court. The evaluation of the father by means of interview, objective personality measures, and projective testing showed him to be a well functioning individual without any of the characteristics commonly seen in incest fathers (described and cited earlier in this paper). On the other hand, the psychological evaluation of the mother indicated severe mental disturbance. The evaluation of the girl revealed a similar, but milder mental disturbance. Furthermore, the five-year-old girl demonstrated with hand movements how she used to masturbate her father to ejaculation. Because the child had not seen her father since the age of 18 months, it was extremely doubtful that she actually masturbated him like that, let alone remembered doing it. All the data pointed

to the conclusion that the allegation was false. During a year in foster care, this girl's visits with her parents were monitored by her therapist. The relationship that developed between the girl and her father was much healthier than the one she had with her mother, and Juvenile Court followed the social worker's recommendation to place her with her father.

Conclusions

Though professionals working in the field of child abuse are distressed about the high incidence of child molest, this emotion should not cloud judgment in the evaluation of particular allegations. It is always necessary to approach each case with an open, unbiased mind and then carefully examine all the allegations in light of clinical experience and research with known sexual molesters, as well as the available facts of the case. Anything less exposes the child to the risk of serious trauma and damage, apart from the risk of trauma and damage to the person falsely accused of molest.

In divorce custody cases involving a very young child with limited communication skills, if the parent accused of molest is seen as much more likeable than the accusing parent, there is a risk of disbelieving a true allegation which would allow the perpetrator continued access to molest the child. On the other hand, failure to recognize the possibility of a false allegation arising from a parent's conscious or unconscious motivations, could place a child in the exclusive care of a disturbed parent.

If one does not give proper weight to the various facts of the case, one runs the risk of taking too sweeping an action to protect the child which could be very traumatic to the child. However, it is necessary to isolate the child from the alleged perpetrator, pending the outcome of an investigation. This should be explained as a necessary initial action with no presumption of guilt.

In dependency cases where the child lives in the same household as the accused, the child must be taken from the home unless: a) the accused voluntarily leaves the home and b) the parent who continues to care for the child accepts the possibility of molest and, therefore, can be trusted to keep the child away from the alleged perpetrator and not pressure the child to retract an allegation. Making this clear to the adults at the outset of a dependency investigation would reduce the frequency of the child being traumatized by forcible removal from the home.

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Readers' Letters Forum Clarification

Gains and Process in State Batterer Programs and Standards

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The editorial, *Standards in the Family Violence Field* (Geffner, 1995; *FVSAB* Vol. 11, No. 1-2) was marked by generalizations and vagaries about batterer program standards. It does not mention specific states among the dozen or so states with standards either established or under development. Its criticism of state standards also fails to consider the substantiated rebuttals registered in previous articles in the *FVSAB* (Gondolf, 1992; Hessmiller-Trego, 1991; Platt, 1992). Moreover, the criticisms posed do not match my experience with efforts to establish standards in five states and my familiarity with the process in at least three other states.

Continued, next page

State Standards Development

While none of the state standards are perfect, they appear to me to be a conscientious and professional effort to consolidate the prevailing and convergent practices. The standards are built on a substantial amount of clinical observation, practical experience, and research knowledge from the batterer program field, now over 15 years in the making. All the standards provide for and expect continued development and evolution, and they do not prohibit alternative approaches and efforts from existing or being tried. The primary opponents to the standards seem to be those who have a unique brand of treatment or professional status they want endorsed.

More specifically, the editorial charges that "the process may have been biased since objective standards based upon sound clinical and research data were not created." All the panels and participants in the states with which I am familiar painstakingly considered presentations by researchers and published reviews of the literature. The Texas standards committee, for instance, convened for a two-day symposium on batterer research that included presentations from researchers, and debate and criticism from other clinicians-researchers. As many as 10 published program manuals were reviewed, summarized, and weighed against the research and clinical experience of the participants. Committee members themselves averaged five years of clinical experience in the field, regularly attended annual professional conferences, and had degrees in social work, psychology, criminology, counseling, and law.

The editorial claimed that "Many of the standards do not require any clinical training, license, or experience — just some experience in the domestic violence field." In fact, a careful review of the existing standards would show that they do recommend or require clinical training and experience in counseling or related fields. Most all of the standards provide, as well, for some form of clinical supervision, staff review, and intake assessment that amounts to professional accountability and screening.

Exceptions

There are two sets of exceptions that have emerged, however. One, some state standards recognize the need for paraprofessionals (or those without formal "clinical training") especially in many rural programs and newly formed programs. Rather than exclude these important workers, the standards provide for technical assistance and support to advance the clinical expertise and training in such programs. Two, other state standards accept those with education and training experience, instead of clinical degrees, for batterer programs with a didactic or educational approach. They recognize the substantial contribution such individuals have made to the development of model batterer programs, as they have in programs in the alcohol field. Preliminary outcome data seems to suggest, in fact, that groups led by trained and supervised paraprofessionals are equivalent to those led by fully credentialed staff.

Another debatable criticism is: "Sufficient data do not exist to state that any particular approach is better than any other ...." While there are admittedly many methodological shortcomings that compromise especially the program outcome research, there are at least distinct enough trends in the research to confirm some fundamental guidelines. As many as six published reviews of the literature make clear these trends. Moreover, the research itself is not of course the final word as the editorial seems to suggest. The research coupled with more than 20 years of practical experience working with battered women, and more recently men who batter, has some weight in the standards movement, as it should. For example, one trend, addressed in related fields as well, is that a constellation of interventions (i.e., a coordinated community response that includes victim services) appears to enhance program effectiveness. Most of the current standards, therefore, promote coordination with the criminal justice system and other community services and involvement in cross-training and community education efforts.

Standards Review Process

The editorial, furthermore, raises concern about the process of "groupthink" ruling standards committees. My experience, and that of several other researchers in the field, is quite the contrary. The committees, ranging from 10 to 25 members, tend to have members from a wide range of training, approaches and positions, including those who are trained therapists and those who are advocates. Disagreements are open and occasionally heated, discussions are long and intense, and compromises are many. The documents go through several external reviews from other programs and agencies. Reviewer comments and testimony are further debated among committee members and revisions of the standards are made. All of the state standards have gone through several drafts and revisions, and provide for periodic review and update.

I certainly accept discussion and debate about the evolution of batterer program standards. We are still learning how to improve and best implement them. I hope, however, that the efforts to establish current state standards might be more accurately represented in this discussion.

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Article Submission

The *Family Violence & Sexual Assault Bulletin (FVSAB)* welcomes articles on research & treatment issues to be considered for publication. All articles are processed through a blind, peer-review system. Guidelines for authors are available by contacting Marilie Brandstetter, *FVSAB* Production Editor, at 903/595-6600, FAX 903/595-6799 or send submissions to: 1310 Clinic Dr., Tyler, TX 75701.

Vague comments spark reader's input

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I am writing because I was very concerned about the latest Editor's Comments in *FVSAB* [*Family Violence and Sexual Assault Bulletin*]. Although I totally agree with what was written about sexual abuse treatment, the assessment of batterer's intervention contributes to confusion. Since the editorial does not specify to whom it refers, I can only guess that "political agendas" refers to the domestic violence shelter movement stemming from women getting together to take care of themselves, and to feminist theory.

It would be inconceivable that a grassroots domestic violence movement not have a vested interest in standards that are established for batterer's intervention. It makes sense that their opinions about how intervention is handled should take priority over the mental health industry, since the problem is not about a base of knowledge, research or professionalism. It is about victims. Those who may profit from doing batterer's intervention work need to pay attention to what victims are saying.

Intervention that validates the batterer's behavior in any way works as a cheerleading session for the batterer and hurts the victim further. It is easy for the clinician to get drawn into the batterer's view. Establishing a milieu where batterers are exploring what they can do to improve themselves rather than complaining about the behavior of their partners or others requires constant monitoring. Intervention must continually guard against any sort of collusion with the batterer that blames the victim.

The standards that the editorial refers to are established to insure that batterer's intervention will address these issues of victim blaming and safety. Research and standards that do not take into consideration the experience of women only contribute to the problem. When doing batterer's intervention the primary focus is on the victim's safety. This is a difficult concept. I know I will never forget the woman who told me she was raped by an apparently cooperative husband after every session of marriage counseling.

Again, since the editorial is vague about what political agenda it refers to, I have to assume that politics are considered to be involved because the standards are based on the theories of feminism and gender equality. It is questionable whether these theories are political viewpoints or just part of the cultural and societal influences on the problem of domestic violence. Are the so-called political influences just insisting that societal beliefs and issues be addressed? Are these so-called politicians really victims expressing themselves?

States that have voted for these allegedly "politically biased" standards have really heard the pain of women, who are the vast majority of domestic violence victims. New laws, that require mandatory arrest, stem from the domestic violence movement and contribute to the need for batterer's intervention. As I am writing this letter it is my hope that the above assumptions I am making are my mistakes. I know from working with the Family Violence & Sexual Assault Institute editorial board that only standards that hold batterer's accountable and keep victims ever-present in clinician's minds would be acceptable.

Editor addresses readers' concerns

Standards for Batterer Intervention: Editor's Response*

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The letters/commentary from Dr. Ed Gondolf and Ila Schonberg take me to task for not being sufficiently specific in my editorial comments (*FVSAB*, 1995, *11*, 1-2) concerning standards for batterer intervention programs. I plead guilty. This is one of the disadvantages of having limited space while attempting to deal with a complex issue. Therefore, I will now attempt to explain and to specify some of the key issues that I raised in my previous editorial as well as respond to some of the points raised by Gondolf and Schonberg.

I have been an active and vocal proponent for the creation of standards and guidelines regarding intervention with family violence cases, and for discussion of the issues. Many articles and editorials published during the past 15 years attest to this. As Gondolf pointed out, we have a history of publishing articles in the *FVSAB* dealing with various views on this complex issue. However, there is an important distinction between debating ideas and approaches in professional arenas and memorializing certain views and approaches via legal statutes. This distinction was not discussed by Gondolf, and was one of the main points I attempted to make. According to the information I have received, approximately 10-15 states have such standards or are developing them, including Colorado, Florida, Illinois, Massachusetts, New Jersey, New York, Texas, Washington, Wisconsin, and Wyoming. Approximately 75-85% of the various standards that have been adopted or are in development in many of the states are excellent. As Schonberg aptly states in her comments, standards that assure victim safety, address victim blaming, and hold the batterer responsible for the abuse are needed. In fact, all standards and intervention programs must emphasize these areas. The problem is that the 15-20% of the written standards are political ideology written into legal statutes without supporting evidence (research or clinical). This sets dangerous precedents that will be difficult to change since they are mandated into law.

A Closed Process Is Not Helpful

A major problem occurs when we man-

date how we are going to achieve victim safety and the other goals listed above, and who is going to make these decisions. Taking a feminist approach, as Schonberg recommends, is not the issue. Most, if not all, of those working in the field strongly advocate for gender equality, safety, and relationships free from fear, intimidation, abuse and violence. Therefore, ensuring that all those working in the assessment or treatment of victims or offenders have training and credentials is necessary. Including former victims, advocates, researchers, clinicians, and others in the formation and monitoring of such intervention programs is needed.

> **"This person was actually threatened with loss of his/her job if he/she persisted in "making waves" and not "going along with the party line."**

Crediting the battered women's movement for many of the positive changes that have occurred in the past decade in spouse/partner abuse is also not the issue. Clearly our present state of knowledge is a legacy of the battered women's movement. It is also apparent that the inclusion of those from the domestic violence movement in the process of creating standards is appropriate.

It is also important, though, to ensure that diversity and differences of opinions are allowed and encouraged. This was one of the main points in my editorial. It is clear after reading the statutes in many of the states noted above, and in discussing the issues with participants, that the process was indeed closed, despite Gondolf's proclamations. In my opinion, closed refers to the exclusion or stifling of professionals and others with different perspectives. Several people included in some of the standards committees in the states listed above have indeed privately complained that they and others were not heard or were not included in the process, that policies were pushed through despite objections, and that diverse opinions were either quashed or not even solicited. As far as Gondolf's statements concerning his experience in several of the states, I can only state that his experiences do not match some of those who were on the same committees.

In half of the above states, I, as well as others, have been contacted directly by participants, stating that they were quite upset and intimidated by the process. For example, many of the researchers who have conducted studies concerning batterers during the past 15 years have not been included on the standards committees. Similarly, many professionals who have developed respected programs for treating batterers, but who are not involved in the political arena of the domestic violence movement, also generally have not been included in the process. In some of the cases where they were included or allowed to present their views, the atmosphere definitely did follow a group-think mentality.

In one state, for example, a standards committee representative who actually conducted a couples program (the only one on the committee with any experience in this approach) attempted to introduce some of the benefits for certain of their clients and the positive results of their program. This person was actually threatened with loss of his/her job if he/she persisted in "making waves" and not "going along with the party line." This type of closed process encourages a group-think atmosphere and is divisive.

A Couples Approach: One Controversial Focus

Since some of the issues in my editorial and in the Gondolf response concern couples programs in working with some batterers and their partners, a brief comment is in order. In Florida, for example, those working for over a year on developing their standards did not know about the couples programs that have been in place throughout the country for over a decade (e.g., in New York City, Milwaukee, East Texas, etc.), or the research currently in progress or completed by such researchers as O'Leary, Vivian and colleagues in New York, or Dunford and colleagues in Colorado. This is not "unique" treatment (as Gondolf suggests), but a widely used approach, albeit controversial and unpopular in certain areas.

> **"The problem occurs when specific details concerning the permitted type of treatment is spelled out and such statements like "a batterer is a man" become law.**

The research and clinical reports do not specify that certain approaches are always better for all batterers. In fact, what is likely to be the outcome of the current research being conducted or completed throughout the country is that most comprehensive programs that are not shame-based or punitive are likely to be effective with certain types of offenders. It will be important to match the individuals with the appropriate interventions, ensure adequate training of the facilitators and therapists, and monitor progress. "One size fits all" has never worked clinically and is not likely to do so with family violence cases either. As Sonkin (1995) has recently suggested, it is time to become more eclectic and open in our treatment approaches (including conjoint treatment) so that more options are available to the many victims and offenders who need our help.

Just because certain people may believe that a couples approach is dangerous, even under specified conditions, and should be outlawed, does not mean that it is dangerous. In fact, the clinical evidence collected by centers in several states who have been conducting such programs for over 10 years suggests that it is even less dangerous than traditional batterer programs when all the necessary preconditions are met (for more complete discussions of these preconditions, see Geffner & Mantooth, 1995; Geffner, Rossman, & Barrett, 1995).

Much of the strong negative rhetoric concerning couples treatment does not apply to those programs that have been developed and conducted by professionals trained in family violence dynamics. The potential danger occurs when the violence is not addressed, when victim-blaming occurs, or when someone attempts traditional marriage therapy for spouse/partner abuse cases.

I want to note, since I used Florida as an example above, that most of their standards are quite well done. The problem occurs when specific details concerning the permitted type of treatment is spelled out in the statutes, and such statements like

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"a batterer is a man" become law. There are some women who batter, and there are some men who are victims. Statutes must be able to be applied to all situations, and they must be able to encompass the variety of techniques and approaches that can be effective. It is important to ensure quality, training, and measures of effectiveness in statutes of standards. Specific details and regulations in an evolving field that is in its early stages of development are not yet appropriate, cannot be substantiated, and therefore should not be mandated. Most of the treatment programs for batterers that are currently being conducted were not even in existence in their present format 10 years ago.

Gondolf also referred to Texas as an example in his comments. The conference that convened for two days in Texas and reviewed 10 programs, only included selected researchers (those with the same views and approaches in general). The reviews were again conducted by those with the same perspective. The credentials of the participants Gondolf listed are notable, but he does not mention the singularity of their perspective and political ideology. In addition, none of the professional organizations of licensed mental health care providers (psychologists, social workers, counselors, marriage & family therapists) who also work regularly with domestic violence cases in Texas were asked to send representatives with family violence expertise to be included in the committees or discussions. People who had conducted research or treatment with couples, for example, were not part of the review team, according to the information I received. This was my point in the editorial. We all agree with the general treatment goals listed above. However, we do not necessarily agree on how best to achieve them. We are still in the early stages in answering this question. Research and clinical studies will help in addressing this issue in the future.

In fact, the recent research presented at the National Family Violence Research conference in New Hampshire this past summer actually disputes some "accepted ideas" concerning the length of treatment required and the types of approaches that may work best. As we learn more about types of batterers, then treatment that takes into account their particular characteristics and dynamics will likely be more successful. Gondolf states that research is only part of the answer and that practical experience also is important. This is true, but the purpose of neutral, objective research is to collect information in a controlled manner. This allows conclusions to be drawn based upon evidence rather than on personal opinion that may be biased and distorted by tunnel vision. Since there is minimal available outcome research evidence in this field, it is even more important to have those with a variety of perspectives and disciplines equally represented in the standards process. This has generally not occurred, which is what leads to a closed process and some biased statutes.

Appropriate Standards And Training

The issues involved in treating batterers are serious, and include strong intrapersonal and interpersonal dynamics and attitudes. Therefore, it is important to have mental health and social service professionals with clinical training involved in the treatment. Despite Gondolf's comments, many of the states in question do not specify that a trained or licensed clinician must be involved. It is sometimes required or recommended, but other experience can often be substituted (e.g., working in the battered women's field in a shelter and then trained in batterer treatment). Some of the states have the standards worded in such a way that both the staff and supervisor could theoretically have no advanced degrees in any of the clinical fields and no licenses.

> **"Since there is minimal available outcome research evidence in this field, it is even more important to have those with a variety of perspectives and disciplines equally represented in the standards process."**

The argument is that the intervention is not treatment but only education, vis a vis the 12-step programs. Battering another person encompasses behaviors, attitudes, and clinical issues, and intervention requires focusing on all of these. As Gondolf and Schonberg accurately indicate, we are dealing with high levels of potential danger. This is an even stronger reason to have a trained clinician involved. Having paraprofessionals included is necessary, worthwhile, and important. Having only paraprofessionals in charge and conducting treatment is inappropriate.

This has become a "power" issue for the field (i.e., who is in charge, who is to be included in the decision making, who will control the resources, and whose territory is this). In my opinion, that is the underlying issue in the standards debate and in the group-think mentality: controlling the agenda. Most people have been unwilling to address this issue directly. Having family violence movement advocates, child abuse advocates, researchers, clinicians, and former victims and offenders from diverse backgrounds and with different perspectives working together in an open and cooperative spirit is what we need. Coordination with various agencies, as Gondolf noted, is also definitely needed. This has not happened to a significant degree yet. Debate and standards that encompass the above will not be easy. Mutual respect and cooperation are not yet the norm in this field. Too many with a perceived difference of opinion are still afraid to speak out because of the intimidation. It is not politically popular to talk about working with couples, treating men who are battered, working with women who batter their partners, or stating that we do not yet have all the answers. Yet these are important issues that do occur, and must be included in the discussion.

Standards need to specify the credentials of the therapists, the goals of the programs, the outcome sought, ways to ensure safety, and important components that can be substantiated clinically or with research (e.g., power and control issues, distorted beliefs, etc.). We need standards and guidelines to ensure that people who deal with family violence cases are well trained, that they have programs with specified objectives utilizing techniques with a theoretical and clinical foundation, that they monitor progress, and that they can demonstrate effectiveness. Tuning into the pain of victims and holding offenders accountable must be the priority. Taking a rigid, absolute position concerning the specific techniques that will be legally permitted by

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statute, and then specifying that only those who believe or conduct programs with these particular orientations can be certified, at this stage of development in our field will ultimately cause a strong backlash and undermine the efforts of all of us. It is important to be able to express professional views and be heard, just as Gondolf and Schonberg did in their commentaries. I welcome the continuing discussion concerning these issues as we attempt to answer the important questions. However, mandating certain perspectives into law is not appropriate nor helpful.

*NOTE: The author would like to acknowledge the helpful feedback provided by Paula Lundberg-Love, Ph.D., in her reviews of this response. Her efforts are appreciated.

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The East Texas treatment program and this manual were developed to provide alternatives in the efforts to reduce the national epidemic of wife/partner maltreatment.

Geffner, Mantooth and the staff of the East Texas Crisis Center and Shelter for Battered Women developed a 244-page model that incorporates many theories and approaches of psychotherapy, while focusing on abuse as a primary issue.

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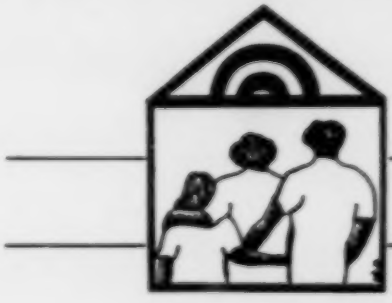
To Order, see FVSAI Order Form, page. 12.

Retail $30.00. Special offer to Clearinghouse members Just $25.00

A PSYCHOEDUCATIONAL APPROACH FOR ENDING WIFE/PARTNER ABUSE:

The East Texas Model for Treating Individuals and Couples



ROBERT GEFFNER, Ph.D.
and
CAROL MANTOOTH, M.S.

Family Violence & Sexual Assault Institute

1310 Clinic Drive, Tyler, TX 75701
(903) 595-6600 or FAX: (903) 595-6799

ANNOUNCEMENTS

Women incest survivors' research study scheduled

Female individuals are eligible to participate if you are 18 years of age or older, have a history of childhood (before age 18) sexual abuse by a male family member (or someone perceived to be a family member) who was five or more years older than you, and who are currently in individual and/or group psychotherapy.

The project seeks to obtain a better understanding of the relationship between childhood sexual abuse and the later development of disturbing symptoms and experiences. All responses will be strictly confidential and participants will receive a $15.00 remuneration for their time and effort. For more information, contact Elaine Eaton Bieber, at 914/241-2790 or 1-800-484-1304 (after tone, enter #3849).

Three intergenerational books focus on wounded healer as bearer of hope

Roger Robbennolt's tales, *Gletha, the Goatlady; Tales of Hermit Uncle John* and *Tales of Tony Great Turtle* are now offered in book form. He recounts childhood experiences as "Autobiographical Mythologies," offering a place of refuge where the child within can find healing.

Each title costs $9.95, and *Gletha* and *Hermit* are also available on audio cassette tape, narrated by the author, for $14.95 each. Special combination discounts can be obtained, also.

Robbennolt's storytelling talent is useful in recreational reading for nine-year-olds through adults, in retreat settings, as a therapists' aid in releasing painful stories with in clients, youth group discussion and many other settings.

For more information, contact: Forest of Peace Publishing, 251 Muncie Rd., Leavenworth, KS 66048-4946, 1-800-659-3227 or FAX: 1-800-726-9033.

Multidisciplinary journal launched, call for submissions announced

Editor Mark Chaffin, Ph.D., of the University of Arkansas for Medical Sciences, Department of Pediatrics, announced the initiation of a new publication designed to foster professional excellence in the field of child abuse and neglect by reporting the latest scientific information and technical innovations in a form that is immediately useful to practitioners and policy makers. *Child Maltreatment* welcomes manuscripts addressing timely and important topics in practice, policy, and theory, as well as review articles, commentaries, in-depth analyses, empirical research articles, and case presentations or program evaluations that illustrate theoretical issues or new phenomena.

CM will be published quarterly beginning February, 1996, with subsequent releases in May, August and November. For more information, contact Mark Chaffin, 501/320-3813.

The Harry Frank Guggenheim Foundation changes grant deadline

The Harry Frank Guggenheim Foundation accepts proposals from any of the natural and social sciences and the humanities that promise to increase understanding of the causes manifestations, and control of violence, aggression, and dominance. In 1996, applications will be reviewed only once a year. Applications are due in the Foundation's offices on August 1. Decisions are made in December, and money is available for funded projects as early as January 1.

Applications for Ph.D. Dissertation Writing Awards are due each year on February 1, and decisions are made in June, with the grant year beginning in July, August, or September. Contact the foundation at 527 Madison Avenue, New York, NY 10022-4304, 212/644-4907 or FAX: 212/644-5110.

Purple Ribbon Project continues campaign against abuse, victim's rights

The purple ribbon, like the Purple Heart, symbolizes the injury and suffering of victims of violence, in this case, not of war but of violence in our homes, schools neighborhoods, and society. Violence in society is first learned as violence in homes.

Organizers of the Purple Ribbon Project seek to promote healthy values: Love and respect for self, family, and community. Supporters can display the ribbons in a prominent place: vehicle, front door, around a tree, and on your lapel. When others ask, tell them why you display a purple ribbon.

Individuals desiring to join the effort can call 301/442-6344 or 1-800-787-7574 for more information.

ABA Family Law Section rewards pro bono work with CLE Scholarships

Nominations and applications for continuing legal education scholarships are now being accepted by the American Bar Association Section of Family Law. Lawyers who have donated a minimum of 50 pro bono (free) hours on family law matters in one 12-month period (beginning no earlier than Nov. 1, 1994) are eligible.

Up to four successful nominees will receive a waiver of registration fees for the Family Law Section 1996 Spring Continuing Legal Education Conference, April 11-13, in Williamsburg, VA, along with $25 per night toward lodging and $500 in travel expenses.

Nomination letters, written by the lawyer's pro bono coordinator, should explain why the lawyer is being nominated and certify the number of pro bono hours. In jurisdictions where no pro bono coordinators exist, lawyers may nominate themselves.

Nominations are due Feb. 15, 1996. To send nominations, ask questions or for further information, contact Glenda Sharp, ABA Family Law Section, 750 North Lake Shore Drive, Chicago, IL., 60611; e-mail: sharpg@aba.attmail.com, 312/988-5584.

New support network for educator sexual abuse survivors opens

Survivors of Educator Sexual Abuse and Misconduct Emerge (SESAME) is a support and informational network for survivors, family members, and all caring people concerned about the sexual and emotional well being of students in our nation's schools. For more information, contact SESAME c/o Mary Ann Werner, 681 Rt. 7A, Copake, New York, NY 12516, 518/329-1265.

CALL FOR PAPERS

AND ANNOUNCING THE

FIRST NATIONAL CONFERENCE ON CHILDREN EXPOSED TO FAMILY VIOLENCE

JUNE 6-8, 1996 • AUSTIN, TEXAS

SPONSORED BY:

• INSTITUTE OF HUMAN DEVELOPMENT AND FAMILY STUDIES, UNIVERSITY OF TEXAS AT AUSTIN •

• FAMILY VIOLENCE & SEXUAL ASSAULT INSTITUTE, TYLER, TEXAS •

• AMERICAN PSYCHOLOGICAL ASSOCIATION •

AIMS OF THE CONFERENCE

This is a scientific conference focusing on children exposed to family violence in general, and marital violence in particular. It is designed to promote and stimulate scientific exchange about this problem among developmental, clinical, and community psychologists, and those in related fields (e.g., social work, sociology, counseling, and nursing). A central purpose of the conference is to better understand the determinants of children's adjustment, by examining such issues as the impact of different types and severity of violence, degree of exposure, mediating variables in the child, and the quality of child rearing the children receive.

OTHER TOPICS TO BE PRESENTED

• Data from longitudinal studies, community and shelter samples • Theoretical considerations
• Intervention programs • Divorce and custody concerns
• Methodological and assessment issues

The conference is also intended to serve as a catalyst for furthering research in this area; graduate students interested in the topic are encouraged to participate. Reduced registration fees and 8 to 10 travel scholarships (up to $500 each) will be available on a competitive basis to full-time graduate students who submit proposals.

KEYNOTE SPEAKERS

Joy Osofsky, Ph.D., Louisiana State University
Leonard Eron, Ph.D., University of Michigan

OTHER CONFIRMED SPEAKERS

• Mark Cummings, Ph.D. • Robert Emery, Ph.D. • John Fantuzzo, Ph.D. • Robert Geffner, Ph.D. • Sandra Graham-Bermann, Ph.D. • George Holden, Ph.D. • Honore Hughes, Ph.D. • Ernest Jouriles, Ph.D. • Gayla Margolin, Ph.D. • Timothy Moore, Ph.D. • Robbie Rossman, Ph.D. • Kathleen Sternberg, Ph.D. and • David Wolfe, Ph.D.

CEU credits will be available for Psychologists, Counselors and Social Workers.

INFORMATION ON PROGRAM SUBMISSION

Three types of submissions are invited: 1) symposia, 2) papers, or 3) posters. Symposia (90 minutes) will consist of 3 or 4 presentations and one discussant. They can have an empirical, conceptual, clinical, methodological, or theoretical focus. Papers are 20 minutes each.

1. One copy of face sheet listing: a.) submission title; b.) type of proposal (e.g., symposium, paper, poster); c.) author(s)' name(s); d.) University, departmental or other affiliations; e.) highest degree earned; f.) current job title; g.) senior author's social security number, address, telephone numbers and e-mail address; and h.) 25-word abstract.

2. **For posters/papers:** Five copies (four copies with no name(s) listed) of a one to two-page, double-spaced summary with up to two additional pages for figures and tables.

For Symposia: Five copies (four copies with no name(s) listed) of a 300-word, double-spaced statement explaining the general nature and significance of the symposium, and five copies (four copies with no name(s) listed) of a 300-word, double spaced summary of each presenter's paper (except discussants). Each summary should include the submission title. Please include materials for all presenters in the symposium in a single packet.

3. Two self-addressed, stamped envelopes for notification of receipt and for the review decision.

PROGRAM SUBMISSION DEADLINE

ALL SUBMISSIONS MUST BE POSTMARKED BY
MONDAY, JANUARY 15, 1996

Send material to the "Conference on Children," Family Violence & Sexual Assault Institute (FVSAI), 1310 Clinic Drive, Tyler, TX, 75701, (903) 595-6600 or fax (903) 595-6799.

• Notification of review outcome will be mailed on or about February 19, 1996.
• Registration mailings in early March.

Contact Family Violence & Sexual Assault Institute at the above address or communication numbers for registration information and materials.

Speaker's Bureau

If your clinic, agency, or organization is interested in having a workshop conducted in your area, contact the Family Violence & Sexual Assault Institute for further information. The following is a partial listing of presentations by nationally known and respected presenters which can be integrated into a one or two day workshop in your area.

- Survivors: Understanding and Helping Victims of Sexual, Physical, and Emotional Abuse
- Therapeutically Parenting the Sexually Abused Child
- Preventing Sexual Abuse in Foster Homes
- Interviewing Children for Abuse & Neglect
- Interviewing Suspected Sexual Abuse Victims
- Mental Health Evaluation of Suspected Sexual Abuse Victims
- Artwork Techniques & Expressive Techniques for Treating Traumatized Children
- Evaluating Sexual Abuse Allegations in Divorce & Custody Disputes
- Treating Sexualized Children and Adolescents
- Using Appropriate Hypnotherapy Techniques in Treating Trauma Victims,Post Traumatic Stress Disorder & Dissociation
- Diagnosis and Treatment of Trauma Victims and Dissociatives
- Treatment of Victims of Sado-Masochistic Abuse and/ or Mind-Control Victims: Diagnosis and Treatment Issues
- Domestic Violence: Identification and Treatment of Batterers, Battered Women, Incest Victims and Incest Offenders
- Testifying in Child Sexual Abuse and Family Violence Cases: Issues and Practical Suggestions
- Evaluation Issues and Assessment Techniques for Child Sexual Abuse Cases
- Identification and Treatment of Sexually Abused Boys and Male Suriviors
- Identification and Treatment of Wife/ Partner Abuse: Practical Suggestions and Innovative Techniques
- Current Issues and Future Trends in Domestic Violence and Sexual Assault
- Ethical and Liability/Malpractice Issues in Treating Family Violence Cases
- Characteristics of Victims of Sexual Abuse: Relevance for Child Witnesses
- Treatment of Adults Molested as Children: Recount, Repair, and Resolve
- Community Interventions and Counseling Techniques for Reducing Family Violence
- Innovative Techniques in GroupTherapy with Incest Survivors
- Forensic Art Assessment: Use of Drawings in Court Settings
- Memory Processing Techniques for Adult Survivors
- Group Therapy With Abused Children

For more information, contact:
Mary Sals-Lewis, FVSAI Director
1310 Clinic Dr., Tyler, TX 75701
903/595-6600; FAX: 903/595/6799

Networking

Number of women reporting domestic violence victimization increases

New data collected by Lieberman Research Inc., for the Family Violence Prevention Fund and the Ad Council as a part of the "There's No Excuse For Domestic Violence" campaign indicates that the unprecedented media saturation has had a profound effect on public attitudes and behavior. By helping to deprivatize a problem that has been ignored and denied for centuries, the current interest in the issue has helped to create an environment in which victims feel more comfortable coming forward to tell their stories, an their friends and family feel more comfortable asking about the abuse.

The most recent poll reveals that in this climate, many more women are admitting that they have been physically abused by a husband or boyfriend some time in their lives. In July 1994, 24 % of women reported that they had been physically abused by a husband or boyfriend some time in their lives; by January/February of 1995, 31 % of women said that they had personally faced abuse.

With more battered women than ever before coming forward to seek help, it's up to all of us to help sustain an environment that is supportive of women living with abuse. In order to do that, we must develop actions we all can take that will continue to make women feel safe enough to come forward for assistance. For copies of the full public opinion survey, contact the Family Violence Prevention Fund at 415/252-8900.

— Adapted from *News From The Homefront*, Family Violence Prevention Fund.

Traumatic stress studies society forms student section, introduces award

The International Society for Traumatic Stress Studies (ISTSS) has announced the formation of a student section, which will provide specialized programs and services, and serve as an information clearinghouse for students involved in the study and treatment of traumatic stress, ISTSS President Betsy Brett, Ph.D. said.

The Section has established the ISTSS West Los Angeles/UCLA Student Section Award for Section members working on a graduate level project leading to their degree. The content of the project must contribute to the field of trauma. Greg Leskin, a clinical psychology graduate student at the California School of Professional Psychology in Los Angeles spearheaded the formalization of the Section. He has been involved in Vietnam veteran PTSD research with the Veterans Administration for three years.

Membership in the Student Section is open to graduate and undergraduate students in the areas of psychology, psychiatry, social work, nursing and others with an interest in traumatic stress studies and treatment.

ISTSS is a nonprofit society dedicated to the discovery and dissemination of knowledge and the stimulation of policy, program and service initiatives that seek to reduce traumatic stressors and their immediate and long-term consequences. For more information, contact Executive Director Greg Schultz, 708/480-9028.

"Take One" centers provide easy distribution of guidance information

A full line of "take one" information centers are now available from The Bureau For At-Risk Youth for all their booklets, pamphlets, information cards and other quick-reference products. The space-saving centers provide information to youth and others in a discreet and timely manner. Display signs make it easy for potential users to see what is available when displayed in waiting rooms, guidance offices, lunchrooms or parent centers.

The Bureau For At-Risk Youth offers topics such as:

- crucial issues for adolescents including substance abuse, life skills, career development, emotional health and sexuality,
- drug prevention information,
- parent education,
- expert tips for teachers, counselors and other youth workers.

For more information or for a free catalog, write or call The Bureau For At-Risk Youth at 645 New York Avenue, Huntington, New York 11743, 1-800-99-YOUTH.

New program "Circles of Affection" receives top honor from NAAG

The National Association of Attorneys General (NAAG) announced in June that "Circles of Affection," (CAF) a pilot program initiated through the Crisis Center, Inc., Manhattan, Kansas, and developed with the specific goal of assisting children in domestic violence shelters, has won NAAG's "For the Children" award. The program was recognized with programs from Texas and California at the Association's June meeting in Portland, Maine.

CAF was developed in 1993 through a collaboration of Juliene Maska, Statewide Victims' Rights Coordinator for Attorney General Carla J. Stovall's office and Jim McHenry, Associate Executive Director, Kansas Children's Service League, Prevention Services, after determining that a significant number of children were being sheltered with their battered parent but were not receiving the necessary services to help them deal with the violence in their homes.

In 1993, more than 5,000 Kansas children witnesses the abuse of a parent and 457 children were physically injured during the course of a parent being victimized. In addition, more than 3,500 children went to domestic violence shelters with their battered parent. The program received start-up funding and has been funded for the past two years through the Crime Victims' Assistance Fund, a state grant administered by the Attorney General's Office.

— Adapted from *Justice For All*, A Crime Victims' Rights Newsletter from the Kansas Office of Attorney General Carla J. Stovall. (August 1995).

Gift From Within launches Phone-Pen Support Pals for PTSD sufferers

In an effort to help develop support systems for persons with PTSD, Gift From Within (GFW) provides a unique matching service. With the counsel of a professional advisory board of distinguished members

Networking

(Continued)

of The International Society For Traumatic Stress Studies, GFW maintains a roster of survivors who are willing to participate in a national network of peer support.

The service gives survivors the opportunity to connect emotionally with others and gives survivors the unique opportunity to help others in need.

Participants are screened, required to sign a form and must agree to certain conditions. All names are kept strictly confidential. For more information, contact Joyce Boaz at Gift From Within 1-800-888-5236, FAX: 207/236-4512, or write GFW at Attn. Joyce, #1 Lily Pond Drive, Support Pals, Camden, ME 04843 or e-mail: joyceb3955@aol.com.

Pilot program for battered patients uses team in emergency departments

As part of the Family Violence Prevention Fund's (FUND) National Health Initiative on Domestic Violence, carried out in collaboration with the Pennsylvania Coalition Against Domestic Violence (PCADV), 12 hospitals in California and Pennsylvania implemented a model domestic violence program in their emergency departments (ED) between November 1994, and May 1995. The purpose of the ED program was to "pilot-test" and gauge the effectiveness of a resource manual on domestic violence for healthcare providers.

In just six months, these hospitals were able to design and implement a comprehensive emergency response to domestic violence. The hospitals were among 150 that self-nominated to participate in the ED program through their participation in a FUND/PCADV survey of emergency departments conducted in 1993. The twelve hospitals were selected to participate based on characteristics that allowed for a diversity in size, location, type of ownership, type of facility, and patient population.

An important lesson learned is that in order to truly *institutionalize* a program, the people involved in delivering the response must also be involved in designing and implementing it. The ED model developed by the FUND and PCADV, and fine tuned by the pilot-test hospitals, is now available for national distribution. For more information, contact the FUND at 415/252-8900.

— Adapted from *Health Alert* a publication of the Family Violence Prevention Fund in collaboration with the PCADV.

HHS awards $1 million VAWA grant for National Domestic Violence Hotline

Congressman Lloyd Doggett (D-TX) announced on August 17 that the $1 million grant to establish the National Domestic Violence Hotline (NDVH) had been awarded to the Texas Council on Family Violence.

"The Texas Council's time-proven dedication, commitment to quality and expertise make it the right organization to establish the toll-free national hotline," Doggett said.

A provision to establish a NDVH was included in the 1994 Violence Against Women Act (VAWA). VAWA provides for a total of $4.5 million over the next five years for the Hotline.

— Taken from *Hotlines* A publication of the National Domestic Violence Hotline.

ABA Center on Children starts project to help court systems in child abuse cases

Improving court proceedings for abused and neglected children and children in foster care is the goal of a new three-year project recently launched by the American Bar Association's (ABA) Center on Children and the Law.

The project, funded by the Freddie Mac foundation, is designed to aid court systems throughout the U.S. in assessing their performance in child abuse and neglect cases, and to implement plans that will result in court proceedings that are speedier and more fair.

Howard Davidson, Center Director, said, "Well-functioning courts protect abused and neglected children from injury or death, from needless separation from their families, and from growing up in state care." Davidson added, "The numbers of court cases involving child abuse and neglect has risen sharply. Courts and agencies are now not only expected to guarantee safety for children but also help them get permanent homes."

Case loads for judges throughout the country make it more and more difficult to keep up with the increasing and complex cases. Forty-seven court systems and the district of Columbia are participating in four-year self-evaluation and improvement projects.

The funds from the Freddie Mac Foundation will help ensure the success of the state court improvement projects by providing technical advice to the state court systems, encouraging wider community involvement in and support for court improvement, and sharing information among the courts.

For more information about this project, contact Mark Hardin at the Center: 202/662-1750, FAX: 202/662-1755 or e-mail: markhardin@atmail.com.

Charter Behavioral Health System Of Dallas

Chemical Dependency and Mental Health Services
for Children – Adolescents – Adults – Senior Adults

–Located in Plano–

Call 618-3939 for a no-charge assessment.

The diagnosis of need for inpatient care will only be made by a licensed physician.

FVSAI Treatment Manuals & Bibliographies

Processing Memories Retrieved by Trauma Victims and Survivors: A Primer for Therapists

- (1994). R. G. Sachs and J. A. Peterson.

The purpose of this primer is to focus on one particular task needed to treat trauma victims: helping the client process memories. The issue is not whether a trauma victim's memories will be processed, but the way memory processing is managed and mastered. This book offers a step by step management approach to the processing of memories concerning traumatic events. It is written for those new to treating victims of trauma or to the more experienced therapist who might find an overview helpful. **Contents:**

- Basic Concepts of Memory Processing
- Useful Definitions and Descriptions of Terms
- Descriptions of Trauma Victims
- The Therapeutic Tasks to Prepare for Memory Processing During the Beginning Phase of Treatment
- Basic Hypnotic Techniques Helpful for Memory Processing
- A Beginning Memory Processing Session
- How to Continue Processing, plus much more.

This primer is in its second printing (84 pages) and retails for $16.95. You can purchase it from FVSAI for $15.00, plus postage and handling. **See page 12 to order.**

Help End Abusive Relationship Tendencies (HEART): A Personal Growth Program Manual for Battered and Formerly Battered Women.

- 7th printing (1988). D. Franks, R. Geffner, N. Laney, L. McGaughey, and C. Mantooth.

This manual describes a modified 12-step program designed for abused and formerly abused women seeking to end abuse in their relationships. It can be used by an individual or in a group setting. This program was developed from a battered women's support program called HEART (Help End Abusive Relationship Tendencies). The manual outlines the 12 steps (modified from the AA program) and includes guidelines for sponsorship of new group members and for facilitating a HEART group. The majority of the manual was written by formerly abused women. The manual can be used in shelters, crisis centers, and by therapists, and counselors seeking a working tool for such clients. The manual is in its 7th printing and the price is $11.00 plus postage and handling. (Retail Price, $11.95) **See page 12 to order.**

Spouse/Partner Abuse: A Categorized Bibliography and Reference List.

- 4th printing (1990). R. Geffner, M. G. Milner, K. A. Crawford, and S. K. Cook.

Spouse/Partner Abuse: A Categorized Bibliography and Reference List is a categorized reference tool listing research, treatment, and other related information gathered through December 1989. Included in this reference list are over 3,000 published journal articles, books, manuals, papers presented at conferences, and a wealth of unpublished manuscripts and research work. In addition to a complete, alphabetical listing of available resources in the area of spouse/partner abuse, the various sources are also arranged according to the FVSAI category list as shown on page 53. Areas covered include sections on treatment approaches, child observers of parental violence, characteristics of both victims and abusers, police/legal issues, support groups, pornography, pregnancy, acquaintance/date rape, and sex roles. Each of these areas are further divided into distinct subcategories such as alcohol/drug usage, learned helplessness, depression, learned violence, and clergy support. At the back of the book are listings of Abstracts and Journals searched to provide these references, as well as a list of conferences reviewed annually. Updated supplements to the Bibliography are available yearly. The retail price of this book is $40.00 **but it is at a Special Sale of $25.00**, plus postage and handling and can be ordered through FVSAI. **See page 12 to order.**

Trauma, Amnesia, and the Denial of Abuse

- (1995). R. Falconer, R. Clinton, R. Geffner, M. Brandstetter, M. Sals-Lewis, and C. Lloyd.

Trauma, Amnesia, and the Denial of Abuse provides professionals from legal, medical, criminal justice, journalism, or mental health backgrounds a resource addressing abuse, traumatic memories, dissociation, and the prevalence of child sexual abuse.

As a joint project of the Falconer Foundation, Inc., and FVSAI, articles from highly regarded, internationally-known authors address the issues of memory and trauma, and includes bibliographical and annotated references.

The manual's six parts and contributing authors are:

- Part I, "Sexual Abuse, Trauma, and Dissociation" with D. Finkelhor; E. Olafson, D.L. Corwin and R.C. Summitt; C.A. Ross; and C. Cameron contributing,
- Part II, "Remembering Traumatic Experiences" with B.A. van der Kolk; C.R. Hartman and A.W. Burgess; and N.W. Perry contributing,
- Part III, "Forgetting Traumatic Experiences" with J. Briere and J. Conte; S. Feldman-Summers and K.S. Pope; and John Briere contributing,
- Part IV, "Dissociated Memories vs. 'False Memories'" with S.L. Bloom; J.L. Herman and M. Harvey; D. Barstow; and D. Calof contributing,
- Part V, "False Denial and the Myth of the Offender 'Profile'" with K.A. Olio and W.F. Cornell; W.D. Murphy, et. al.; and Mark Dadds, et. al. contributing
- Part VI. Resources, Annotations and References.

The retail cost of this insightful, 194-page text is $30.00 but is available to members at $25.00. **See page 12 to order.**

More publications, next page

A Psychoeducational Approach for Ending Wife/ Partner Abuse: The East Texas Model for Treating Individuals and Couples

- (1995). R. Geffner with C. Mantooth

The East Texas Model treatment program and this manual were developed to provide alternatives in the efforts to reduce the national epidemic of wife/partner maltreatment.

This treatment incorporates many theories and approaches of psychotherapy, while focusing on abuse as a primary issue.

The advantage of the East Texas Model is its flexibility. Modifications in the order and materials can be made by trained clinicians to fit the needs of their clients. The ordering of sessions listed in this manual is the one found most beneficial for couples and conjoint groups. Specific, practical techniques and handouts are included.

Sections I and II, "Foundations and Brief Interventions" and "Communicating and Expressing Feelings" each feature six weeks of sessions. Sections III and IV, "Self-Management and Assertiveness" and "Intimacy Issues and Relapse Prevention" each feature seven weeks of sessions.

The retail price of this 244-page manual is $30.00 but the clearinghouse member discount offers this valuable text at $25.00. **To Order, see FVSAI Order Form, page 12.**

Child/Adult Sexual Maltreatment: A Categorized Bibliography and Reference List.

-(1996). R. Geffner, & C. Lloyd

Child/Adult Sexual Maltreatment: A Categorized Bibliography and Reference List is a listing of research, treatment, and other related issues gathered throughout 1991 and 1995 in the areas of sexual abuse and incest survival. The sources contained in the *Sexual Abuse/Incest Bibliography* have been categorized using the FVSAI category list shown on page 42.

Among the categories contained within the *Child/Adult Sexual Maltreatment: are* characteristics of victims/perpetrators, treatment approaches, incidence rates, revictimization, art/play therapy, cults and ritualistic abuse, sibling abuse, multiple personality disorder, and abuse in day care. Over 1,000 references of published journal articles, books, manuals, and conference presentations are included, as well as numerous unpublished manuscripts which can be obtained through FVSAI.

Updated supplements to this bibliography will be available on an annual basis. The cost of the original bibliography is $25.00 plus postage and handling. **See page 12 to order.**

Child Physical/ Psychological Maltreatment: A Categorized Bibliography and Reference List.

(1995). R. Geffner, & C. Lloyd

This is a categorized reference listing of child physical abuse and neglect research, treatment, and other related information gathered between 1991 and 1995.

These references include over 1,000 published journal articles, books, manuals, papers presented at conferences, and unpublished manuscripts. Categorized according to the FVSAI category list on page 42, these references include areas such as social isolation, self-esteem, effects of abuse, screening/detection, characteristics of victims/offenders, prevention programs, and costs to society.

Updated supplements to this book will be available each year. The price is $20.00 plus postage and handling. **See page 12 to order.**

Elder/Parent Abuse: A Categorized Bibliography and Reference List.

- 3rd printing (1992). R. Geffner, W. K. Cartwright, and S. Patrick.

Available for the first time is a categorized reference listing of elder abuse research, treatment, and other related information gathered through December 1991. Although this area continues to receive less recognition/attention than either spouse abuse or child abuse, it is naturally destined to take an increasingly larger share of the public's attention as the baby-boom generation reaches the end of their active careers and settles into their golden years. In this first attempt to collect reference information, we have gathered over 73 references of published journal articles, books, manuals, conference papers, and unpublished manuscripts. These sources have been arranged using the FVSAI category list shown on page 42, and includes such topics as health issues, institutionalization, intergenerational conflict, and intervention/ advocacy services. Updated supplements to this bibliography will be available annually. The price for this book is $15.00 plus postage and handling and is available through FVSAI. **See page 12 to order.**

Spouse/Partner Physical/ Psychological Maltreatment: A Categorized Bibliography and Reference List - Update for 1991-1995.

- (1996). R. Geffner, and C. Lloyd

This categorized reference list is a supplement to the *Spouse/Partner Physical/Psychological Maltreatment.* Containing references obtained by the Family Violence & Sexual Assault Institute (FVSAI) during the years 1991-1995, this valuable research tool includes updated references concerning many aspects of spouse/partner abuse. With over 450 listings, and more than a dozen categories (see page 42 for list), the references in this bibliography include both published and unpublished articles.

In addition to the categories and subcategories contained in the original *Spouse/ Partner Abuse Bibliography*, the Update covers areas such as prevalence of abuse, screening and detection of abuse, effects of abuse, prevention, and intervention/advocacy services. While the published articles may be found in most public and/or university libraries, the unpublished articles may be ordered from the FVSAI clearinghouse. Used in conjunction with the original bibliography, this *Update* ensures clinicians and researchers of having at hand the most accurate information available to date in the area of spouse/partner abuse. The price of the *1991-1995 Update*, which is pending release, is $20.00 plus postage and handling and is available through FVSAI. **See page 12 to order.**

Presented here are a few of the 180 newsletters and bulletins we receive and review. Please send us your organization's publication for us to include in future issues of the *FVSAB*

Newsletter Resources

Health Alert
Family Violence Prevention fund, 383 Rhode Island St., Ste. 304, San Francisco, CA 94103-5133

A publication dedicated to "strengthening the health care system's response to domestic violence."

Reflections On Youth
National Resource Center for Youth Services (NRCYS), College of Continuing Education, The Univ. of Oklahoma, 202 W. 8th St., Tulsa, OK 74119-1419

Reflections On Youth serves as a newsletter for NRCYS' national resource center for youth development. It brings newsworthy items, contributed articles and resources for purchase.

Juvenile Justice Digest
3918 Prosperity Ave., Ste. 318, Fairfax, VA 22031

An independent summary of significant news events in the field of juvenile delinquency prevention.

Free To Be Safe
Oklahoma Coalition on Domestic Violence and Sexual Assault 2200 Classen Blvd., Ste. 1300, Oklahoma, OK 73106.

The Cutting Edge
P.O. Box 20819, Cleveland, OH 44120

A newsletter for women living with self-inflicted violence.

Justice For All
Office of Attorney General, Carla J. Stovall, 301 W. 10th, Topeka, KS

A crime victim's rights newsletter offering state legislative updates, related general information and a calendar of events.

Virginians Against Domestic Violence
2850 Sandy Bay Road, Ste. 101, Williamsburg, VA 23185-2362.

Nebraska Domestic Violence & Sexual Assault Coalition
315 South 9th St., Ste. 18, Lincoln, NE 68508.

PTSD Research Quarterly
The National Center for PTSD, VA Medical & Regional Office Center, 116 D, White River Junction, VT 05009.

Safepassage
The Alabama Coalition Against Domestic Violence, P.O. Box 4762, Montgomery AL 36101

A publication of the Alabama Coalition Against Domestic Violence, a nonprofit organization whose aim is "to work toward a society in which domestic violence an primarily violence against women will no longer exist."

Victims Of Incest Can Emerge Survivors (VOICES)
The Chorus, Voices in Action, Inc., P.O. Box 148309, Chicago, IL 60614

VOICES is a newsletter dedicated to prevention and recovery through networking, support and education.

Not Alone Anymore
Not Alone Anymore, Inc., 738 Main St., Box 171, Watham, MA 02154

This newsletter provides a forum for all survivors of physical, sexual emotional, and verbal childhood abuse to express themselves.

Texas Legal Resource Center for Child Abuse & Neglect
727 E. 26th Street , Austin TX 78705-3224

A newsletter dedicated to providing information for research, bibliographies, book, and seminars on child abuse and neglect.

News From The Homefront
Violence Prevention Fund, 383 Rhode Island St., Ste. 304, San Francisco, CA 94103-5133.

Violence Prevention Fund produces the *News From The Homefront* to keep subscribers informed about current events in the field, workshops offered and services updates.

The Maze
P.O. Box 7917, Bonney Lake, WA 98390

A bimonthly international newsletter for people who have Multiple Personality or one of the other Dissociative disorders.

Journey...God With Us
Journey Publications 1316 Dallas Ave., Ste. 67, Lancaster, TX 75134

"*Journey* deals with the difficult and complex issues involving the problems...for those with dissociative Identity disorder." *Journey's* aim is to include spiritual issues in the healing process

The Connection
The National CASA Association, 2722 Eastlake Ave. East, Ste. 220, Seattle, WA 98102

The Connection is designed to keep Court Appointed Special Advocate (CASA) programs, volunteers and the public abreast of the latest news and developments affecting CASA's work with abused and neglected children.

Cult Awareness Network News
2421 West Pratt Blvd., Ste. 1173, Chicago, IL 60645

Cult Awareness was founded to educate the public about the harmful effects of mind control as used by destructive cults.

Believe The Children
P.O. Box 268462, Chicago, IL 60626

A newsletter that is "fighting against ritual abuse."

FVSAI

Clearinghouse Classifications

The references in our clearinghouse and this *Bulletin* are listed with classifications codes to more efficiently identify valuable information and to facilitate comprehensive and efficient computer searches by our staff. The classifications for Child Physical/Psychological Maltreatment, Elder/Parent Maltreatment, Child/Adult Sexual Maltreatment, and Spouse/Partner Physical/Psychological Maltreatment, are as follows:

1. Domestic Violence Issues
   - a. Battering/Physical Abuse
   - c. Homicide
   - e. Premarital Abuse
   - f. During Pregnancy
   - g. Neglect/Psychological Abuse
   - j. Adolescent Offenders
2. Prevalence
   - a. Incidence Rates
   - b. Risk Factors
   - c. Epidemiological Studies
3. Characteristics of Victim
   - a. Age/Gender
   - b. Family of Origin/History
   - c. Race/Ethnicity
   - d. Socioeconomic Level/Employment
   - e. Educational Level
   - f. Institutionalized/Noninstitutionalized
   - g. Alcohol/Drug Usage
   - h. Personality Characteristics
   - j. Attribution of Responsibility
   - k. Locus of Control
   - l. Self-Esteem/Self-Image
   - m. Health Issues
   - n. Sexual Attitudes
   - o. Communication Skills
   - p. Problem-Solving Skills
   - q. Parenting Skills
4. Characteristics of Abuser/Batterer/Perpetrator
   - a. Age/Gender
   - b. Family of Origin/History
   - c. Race/Ethnicity
   - d. Socioeconomic Level/Employment
   - e. Educational Level
   - f. Institutionalized/Noninstitutionalized
   - g. Alcohol/Drug Usage
   - h. Personality Characteristics
   - j. Attribution of Responsibility
   - k. Locus of Control
   - l. Self-Esteem/Self-Image
   - m. Health Issues
   - n. Sexual Attitudes
   - o. Communication Skills
   - p. Problem-Solving Skills
   - q. Parenting Skills
5. Sex Roles
   - a. Socialization
6. Effects of Abuse
   - a. Victim/Abuser Relationship
   - b. Social Isolation
   - c. Learned Violence
   - d. Learned Helplessness
   - e. Intergenerational Conflict
   - g. Revictimization
   - h. Family Separation/Divorce
   - i. Post-Traumatic Stress/Battered Woman Syndrome
   - j. Observing Violence/Child Observers
   - k. Cycle of Violence
   - l. Effects On/Costs To Society
   - m. Multiple Personality Disorders/Dissociative States
7. Legal/Forensic Issues
   - a. Police Intervention
   - b. Victims' Rights
   - c. Legislative
   - d. Criminal Justice
   - e. Expert Witnesses
   - f. Child Testimony
8. Prevention
9. Screening/Detection
10. Intervention/Advocacy Services
    - a. Support Groups
    - b. Agencies, CPS, etc.
    - c. Clergy
    - d. Community
    - e. Professional
    - f. Shelters/Crisis Centers
    - g. Hospital/Emergency Centers
    - h. CASA Programs/Advocate Organizations
11. Treatment Approaches
    - a. Psychotherapy
    - b. Assertion Training
    - c. Family Therapy
    - d. Couple Therapy
    - e. Group Therapy
    - f. Cognitive/Behavioral Therapies
    - g. Play Therapy
    - h. Music/Art Therapy
    - i. Bibliotherapy
    - j. Other
12. Theories/Perspectives
13. Research Methods
14. Pornography
15. Cults/Satanic/Ritualistic Abuse
16. Sexual Assault Issues
    - a. Incest/Incest Survivors
    - b. Sibling Abuse
    - c. Sexual Molestation/Assault
    - d. Marital Rape
    - e. Acquaintance/Date Rape
    - f. Stranger Rape
    - g. Sexual Harassment
    - h. Abuse in Day Care
    - i. Offenders
    - j. Acquired Immune Deficiency Syndrome (AIDS)/HIV
    - k. False Allegations/Suggestibility
    - l. Dissociated Memory
    - m. Other
17. Gay/Lesbian Issues
18. Multicultural/Mixed Racial Issues

Classified Guide to Family Violence & Sexual Abuse Literature

How to Order References From Our Clearinghouse

To order copies of **unpublished articles** ($5 start-up fee per order, .15¢ per page plus shipping and handling), send the order form in this *FVSAB* (see page 12) and attach a list of the individual unpublished references that you wish to order.

Please remember: we house only unpublished manuscripts and papers presented at conferences, sent to us by the authors. The majority of published journal references listed may be found in a local university library.

Notice

Entries with the number of pages in parentheses and boldface, following the reference, are available from our clearinghouse. For example:

Lundberg-Love, P. K., Ford, K. L., Marmion, S. L., Geffner, R. A., & Rogers, K. F. (1993). Identification of adult sexual abuse survivors: Implications for preventive medicine. Paper presented at the 101st Annual Convention of the American Psychological Association, Toronto, Canada. **(23 pages)**

★

Remember! Only clearinghouse members may order these materials (see order form on page 12).

★

References listed without the number of pages in parentheses are not available from our clearinghouse.

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Be sure to include the author's name, title of manuscript, and number of pages when ordering unpublished papers.

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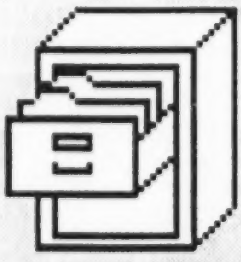

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